

File 155:MEDLINE(R) 1951-2005/Aug W3  
 (c) format only 2005 Dialog  
 File 5:Biosis Previews(R) 1969-2005/Aug W3  
 (c) 2005 BIOSIS  
 File 73:EMBASE 1974-2005/Aug 26  
 (c) 2005 Elsevier Science B.V.  
 File 34:SciSearch(R) Cited Ref Sci 1990-2005/Aug W3  
 (c) 2005 Inst for Sci Info  
 File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec  
 (c) 1998 Inst for Sci Info  
 File 6:NTIS 1964-2005/Aug W2  
 (c) 2005 NTIS, Intl Cpyrght All Rights Res  
 File 8:Ei Compendex(R) 1970-2005/Aug W2  
 (c) 2005 Elsevier Eng. Info. Inc.  
 File 144:Pascal 1973-2005/Aug W2  
 (c) 2005 INIST/CNRS  
 File 94:JICST-EPlus 1985-2005/Jul W1  
 (c) 2005 Japan Science and Tech Corp(JST)  
 File 95:TEME-Technology & Management 1989-2005/Jul W3  
 (c) 2005 FIZ TECHNIK  
 File 99:Wilson Appl. Sci & Tech Abs 1983-2005/Jul  
 (c) 2005 The HW Wilson Co.  
 File 35:Dissertation Abs Online 1861-2005/Aug  
 (c) 2005 ProQuest Info&Learning  
 File 65:Inside Conferences 1993-2005/Aug W3  
 (c) 2005 BLDSC all rts. reserv.

Set	Items	Description
S1	259434	HIP
S2	1093976	JOINT
S3	7592055	ARTHROPLASTY OR REPLACE? ? OR REPLACING OR REPLACEMENT OR - SURGERY OR SURGICAL
S4	727062	INCISE? ? OR INCISING OR INCISION? ? OR CUT OR CUTS OR CUT- TING
S5	2971493	SECTION??? OR ENTER??? OR ACCESS?? OR ACCESSING
S6	736615	SUPERIOR?
S7	6286406	ABOVE OR TOP OR OVER OR SUPRA
S8	3520537	CAPSULE OR CONNECTIVE()TISSUE OR MEMBRANE OR SYNOVIAL OR F- IBROUS
S9	6928	CAPSULOTOMY
S10	3637265	S4:S5
S11	4581	S7(2W)S1:S2 OR S6(3N)S1:S2
S12	48	S10(3N)S11
S13	4	S1 AND S12
S14	4	RD (unique items)
S15	1067	BALL(1W)SOCKET
S16	902	(S2 OR S15 OR S8) (5N)S6:S7(5N)S4:S5
S17	86152	ARTHROPLASTY
S18	43	S1 AND S16
S19	33	S6:S7(3N)S9
S20	19	1 AND S19
S21	62	S18 OR S20
S22	32	RD (unique items)
S23	61	S21 NOT S13
S24	31	RD (unique items)
S25	31	Sort S24/ALL/PY,A
S26	20	S1/TI,DE AND S25

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S27      20      Sort S26/ALL/PY,A
S28      8829     S1()S2(S)S3
S29     17487     (S9 OR S4 OR S5) (1N)S6:S7
S30        3      S28 AND S29
S31        3      S30 NOT (S13 OR S21)
S32        3      RD (unique items)
S33     51373     MINIMALLY() INVASIVE
S34        37      S33(S)S28
S35        19      S4:S7 AND S34
S36         0      S9 AND S34
S37        19      S35 NOT (S13 OR S21 OR S30)
S38        11      RD (unique items)
S39        11      Sort S38/ALL/PY,A
S40         2      S10(10W)S1()S2(10W)S6:S7
S41         0      S6()S4 AND S1()S2
S42     221       S6()S4
S43         4      S1 AND S42 AND S2
S44         6      S40 OR S43
S45         6      S44 NOT (S13OR S21 OR S30 OR S35)
S46         4      RD (unique items) [not relevant]
```

14/6/2 (Item 2 from file: 155)

13168956 PMID: 11190649

[Evaluation of the tracer diagnosis "femoral neck fracture". A report of 5 years external quality assurance]

Bilanz der Tracerdiagnose "Oberschenkelhalsfraktur". Ein Bericht uber 5 Jahre externe Qualitatssicherung.  
2000

14/6/3 (Item 1 from file: 5)

0013004441 BIOSIS NO.: 200100176280

Semiautomatic pig deboner and deboning process for pig thigh using same  
2000

14/7/1 (Item 1 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2005 Dialog. All rts. reserv.

14662638 PMID: 12589872

Rasch scoring of outcomes of total hip replacement.

Fitzpatrick Ray; Norquist Josephine M; Dawson Jill; Jenkinson Crispin  
Department of Public Health, Institute of Health Sciences, University of  
Oxford, Headington, Oxford OX3 7LF, United Kingdom.  
raymond.fitzpatrick@nuffield.oxford.ac.uk

Journal of clinical epidemiology (England) Jan 2003, 56 (1) p68-74,  
ISSN 0895-4356 Journal Code: 8801383

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

We examined whether there are advantages in terms of outcome assessment of using Rasch methods of scoring the 12-item Oxford Hip Score questionnaire over conventionally summed scores. Data were collected on patients receiving total hip replacement surgery. Three patient groups were created according to surgery type: primary, revision, and re-revision; two groups were created according to satisfaction with surgery: very

satisfied and dissatisfied. Analyses were performed to test the relative precision (RP) of Rasch scoring versus conventionally summed scores in discriminating the groups experiencing different types of surgery and level of satisfaction. At the 1-year follow-up, RP ratios favored the Rasch scoring method in both tests of discrimination. Considerable gains in precision were achieved with Rasch scoring methods when groups were compared in a cross-sectional way. Alternative approaches to scoring questionnaires should be investigated to better assess comparisons over time.

Record Date Created: 20030218

Record Date Completed: 20030408

27/6/11 (Item 11 from file: 155)

14358583 PMID: 12185847

The endocytic machinery at an interface with the actin cytoskeleton: a dynamic, hip intersection.

Jul 2002

27/6/14 (Item 14 from file: 155)

14109605 PMID: 11886961

Relevant change in radiological progression in patients with hip osteoarthritis. I. Determination using predictive validity for total hip arthroplasty.

Feb 2002

32/7/2 (Item 2 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2005 Dialog. All rts. reserv.

11939349 PMID: 9220103

A new technique for removal of intraarticular bullet fragments from the femoral head.

Williams M S; Hutcheson R L; Miller A R

Sinai Hospital of Baltimore, Maryland, USA.

Bulletin (Hospital for Joint Diseases (New York, N.Y.)) (UNITED STATES)

1997, 56 (2) p107-10, ISSN 0018-5647 Journal Code: 9215948

Publishing Model Print

Document type: Case Reports; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Removal of foreign bodies from a joint usually involves an extensive surgical approach. The necessity for intraarticular bullet removal has been well documented in the literature. The conventional approach for bullet extraction usually requires an open arthrotomy, arthroscopic removal or, in most cases, a combination of the two. This report involves a previously undocumented technique for bullet removal from the hip. A Synthes DHS Triple Reamer was inserted through a limited lateral incision over a guide pin that had been placed under fluoroscopic guidance. The tip of the guide pin was positioned in contact against the bullet fragments in both the anteroposterior and lateral planes. The fragments were then removed through the reamed canal. This technique allows for bullet removal without the inherent risks associated with an open arthrotomy and without the special skills required for hip arthroscopy. It is relatively easy to perform and may prove to be a valuable tool in the arsenal of orthopedists who deal with specific gunshot wounds to the hip region.

Record Date Created: 19970904

Record Date Completed: 19970904

39/6/2 (Item 2 from file: 94)  
04964975 JICST ACCESSION NUMBER: 01A0745673 FILE SEGMENT: JICST-E  
**Maneuver of arthroscopic reduction for developmental dysplasia of the hip.**  
, 2001

39/6/4 (Item 4 from file: 94)  
05559705 JICST ACCESSION NUMBER: 03A0653146 FILE SEGMENT: PreJICST-E  
**Development of a manipulator supporting osteotomy for RAO: Evaluation test**  
**by the elemental prototype, 2003**

39/7/1 (Item 1 from file: 155)  
DIALOG(R) File 155:MEDLINE(R)  
(c) format only 2005 Dialog. All rts. reserv.  
13223437 PMID: 11701488  
**Robotics for surgery.**  
Howe R D; Matsuoka Y  
Division of Engineering and Applied Sciences, Harvard University,  
Cambridge, Massachusetts 02138, USA. howe@deas.harvard.edu  
Annual review of biomedical engineering (United States) 1999, 1  
p211-40, ISSN 1523-9829 Journal Code: 100883581  
Publishing Model Print  
Document type: Journal Article; Review; Review, Tutorial  
Languages: ENGLISH  
Main Citation Owner: NLM  
Record type: MEDLINE; Completed  
Robotic technology is enhancing **surgery** through improved precision,  
stability, and dexterity. In image-guided procedures, robots use magnetic  
resonance and computed tomography image data to guide instruments to the  
treatment site. This requires new algorithms and user interfaces for  
planning procedures; it also requires sensors for registering the patient's  
anatomy with the preoperative image data. **Minimally invasive** procedures use  
remotely controlled robots that allow the surgeon to work inside the  
patient's body without making large **incisions**. Specialized mechanical  
designs and sensing technologies are needed to maximize dexterity under  
these **access** constraints. Robots have applications in many **surgical**  
specialties. In **neurosurgery**, image-guided robots can biopsy brain lesions  
with minimal damage to adjacent **tissue**. In orthopedic **surgery**, robots are  
routinely used to shape the femur to precisely fit prosthetic **hip joint**  
**replacements**. Robotic systems are also under development for closed-chest  
heart bypass, for **microsurgical** procedures in ophthalmology, and for  
**surgical** training and simulation. Although results from initial clinical  
experience is positive, issues of clinician acceptance, high capital costs,  
performance validation, and safety remain to be addressed. (91 Refs.)  
Record Date Created: 20011115  
Record Date Completed: 20020102

39/7/3 (Item 3 from file: 73)  
DIALOG(R) File 73:EMBASE  
(c) 2005 Elsevier Science B.V. All rts. reserv.  
12242627 EMBASE No: 2003355046  
**Hip arthroscopy in the lateral position**  
McCarthy J.C.; Mason J.B.; Lee J.-A.  
Dr. J.C. McCarthy, 125 Parker Hill Ave., Boston, MA 02120 United States

Operative Techniques in Sports Medicine ( OPER. TECH. SPORTS MED. ) ( United States) 2002, 10/4 (196-199)  
CODEN: OTSMA ISSN: 1060-1872  
DOCUMENT TYPE: Journal ; Review  
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH  
NUMBER OF REFERENCES: 7

The **hip joint** is the most deeply recessed joint in the body, making it difficult to **access** arthroscopically. The lateral position facilitates peritrochanteric approaches, which provide reproducible bony landmarks for orientation, as well as **access** for most pathology within the **hip joint**. **Minimally invasive** approaches to the **hip joint** have been developed for situations where open techniques are less advantageous, such as the patient with a symptomatic loose body or labral tear. The different portals have varying abilities to visualize different anatomic structures. Knowledge of anatomic relationships is of utmost importance in the use of the various portals. Meticulous attention to proper positioning, adequate joint distraction, and portal placement is paramount for safe and successful arthroscopy of the **hip**. This article will review the seminal features of lateral positioning and **minimally invasive surgical** approaches to the **hip**. Copyright 2002, Elsevier Science (USA). All rights reserved.

39/7/5 (Item 5 from file: 155)  
DIALOG(R) File 155:MEDLINE(R)  
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14938110 PMID: 12934737

Advancements in minimally invasive total hip arthroplasty.

Waldman Barry J  
Center for Joint Preservation and Replacement, Rubin Institute for Advanced Orthopaedics, Baltimore, Md., USA.  
Orthopedics (United States) Aug 2003, 26 (8 Suppl) ps833-6, ISSN 0147-7447 Journal Code: 7806107

Publishing Model Print  
Document type: Journal Article  
Languages: ENGLISH  
Main Citation Owner: NLM  
Record type: MEDLINE; Completed

Orthopedic surgeons have successfully performed total **hip arthroplasty** (THA) for more than 40 years. During this time it has continued to evolve into a more predictable and refined procedure. **Minimally invasive surgery** represents one of the most recent techniques to have emerged within THA. In conventional THA, the **incision** typically measures 20-30 cm depending on the patient. Although conventional THA affords wide exposure of the **hip joint**, it also leads to a predictably large blood loss and significant rehabilitation time. **Minimally invasive** approaches, defined as less **invasive** to the skin, muscles, or bone, may reduce complications and potentially improve recovery time. Minimizing the recovery process is becoming increasingly desirable in a society that demands an individual to return to normal activities after a short recovery. There are a number of potential approaches and methods that may improve the results of THA. Complications of **minimally invasive surgery** may include sciatic or femoral nerve palsy, component malpositioning, intraoperative fracture, leg length discrepancy, and damage to muscles or skin by excessive retraction.

Record Date Created: 20030825  
Record Date Completed: 20031209

39/7/6 (Item 6 from file: 73)

DIALOG(R) File 73:EMBASE

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12860458 EMBASE No: 2004455546

The anterolateral minimally invasive approach for alloarthroplasty of the hip

DER ANTEROLATERALE MINIMAL-INVASIVE ZUGANG FUR DIE HUFTALLOARTHROPLASTIK

Jerosch J.; Phillips B.; Theising C.

Prof. J. Jerosch, Klin. fur Orthopadie/Orthopad. Chir.,

Johanna-Etienne-Krankenhaus, Am Hasenberg 46, 41462 Neuss Germany

AUTHOR EMAIL: j.jerosch@jek-neuss.de

Chirurgische Praxis ( CHIR. PRAX. ) (Germany) 2004, 63/3 (397-415)

CODEN: CHPRB ISSN: 0009-4846

DOCUMENT TYPE: Journal ; Article

LANGUAGE: GERMAN SUMMARY LANGUAGE: GERMAN; ENGLISH

NUMBER OF REFERENCES: 21

Orthopedic surgeons have successfully performed total hip arthroplasty (THA) for more than 40 years. During this time it has continued to evolve into a more predictable and refined procedure. Minimally invasive surgery represents one of the most recent techniques to have emerged within THA. In conventional THA, the incision typically measures 20-30 cm depending on the patient. Although conventional THA affords wide exposure of the hip joint, it also leads to a predictably large blood loss and significant rehabilitation time. Minimally invasive approaches, defined as less invasive to the skin, muscles, or bone, may reduce complications and potentially improve recovery time. A number of different approaches and methods are described in literature, but long-term results are not yet available. Our own anterolateral minimal-invasive approach is described and early results of 16 patients are presented. Different published approaches are discussed and compared in with special emphasis to sensomotoric considerations.

File 155:MEDLINE(R) 1951-2005/Aug W4  
 (c) format only 2005 Dialog  
 File 73:EMBASE 1974-2005/Aug 29  
 (c) 2005 Elsevier Science B.V.  
 File 34:SciSearch(R) Cited Ref Sci 1990-2005/Aug W3  
 (c) 2005 Inst for Sci Info  
 File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec  
 (c) 1998 Inst for Sci Info  
 File 94:JICST-EPlus 1985-2005/Jul W1  
 (c) 2005 Japan Science and Tech Corp(JST)  
 File 159:Cancerlit 1975-2002/Oct  
 (c) format only 2002 Dialog  
 File 144:Pascal 1973-2005/Aug W3  
 (c) 2005 INIST/CNRS  
 File 373:Adis Clinical Trials Insight 1982-June 2000  
 (c) 2003 ADI BV  
 File 24:CSA Life Sciences Abstracts 1966-2005/Jul  
 (c) 2005 CSA.  
 File 65:Inside Conferences 1993-2005/Aug W3  
 (c) 2005 BLDSC all rts. reserv.  
 File 431:MediConf: Medical Con. & Events 1998-2004/Oct B2  
 (c) 2004 Dr. R. Steck  
 File 71:ELSEVIER BIOBASE 1994-2005/Aug W3  
 (c) 2005 Elsevier Science B.V.  
 File 285:BioBusiness(R) 1985-1998/Aug W1  
 (c) 1998 BIOSIS  
 File 91:MANTIS(TM) 1880-2005/Jun  
 2001 (c) Action Potential  
 File 99:Wilson Appl. Sci & Tech Abs 1983-2005/Jul  
 (c) 2005 The HW Wilson Co.  
 File 164:Allied & Complementary Medicine 1984-2005/Aug  
 (c) 2005 BLHCIS  
 File 136:BioEngineering Abstracts-1966-2005/Jul  
 (c) 2005 CSA.

Set	Items	Description
S1	243507	HIP OR HIPS
S2	7184656	SURGERY OR SURGERIES OR SURGICAL? OR ARTHROPLASTY OR THA OR THR OR REPLACE? ? OR REPLACING OR REPLACEMENT? ?
S3	601233	INCIS???? OR CUT OR CUTS OR CUTTING
S4	2250458	SECTION??? OR ENTER??? OR ACCESS?? OR ACCESSING
S5	5445629	SUPERIOR? OR ABOVE OR TOP OR OVER OR SUPRA OR SUPERJACENT
S6	.973862	JOINT OR SOCKET OR ACETABULUM OR ACETABULAR
S7	3213397	CAPSULE OR MEMBRANE OR CONNECTIVE OR SYNOVIAL OR FIBROUS
S8	6156	CAPSULOTOMY
S9	5491	BALL(10N) SOCKET OR HEAD(10N) ACETABUL??
S10	75026	(S1/DE AND S2/DE) OR (S1/TI AND S2/TI)
S11	4457	(S3 OR S4 OR S8) (S) S5 (S) S6
S12	568	S11(S) S7
S13	33	S10 AND S12
S14	148	(S10 AND S11) NOT S13
S15	2100	S10 AND S9
S16	18	RD S13 (unique items)
S17	3	S16/2004:2005
S18	15	S16 NOT S17
S19	148	S14 NOT S13
S20	91	RD (unique items)

S21           19    S20/2004:2005  
S22           72    S20 NOT S21  
S23       41757    (S3 OR S4 OR S8) (5N)S5  
S24           12    S22 AND S23  
S25           27    S18 OR S24  
S26           27    Sort S25/ALL/PY,A  
S27       857    FEMORAL()CANAL  
S28           5    S15 AND S27  
S29           5    S28 NOT S13:S14  
S30           4    RD (unique items)

26/6/3        (Item 3 from file: 73)  
02512801       EMBASE No: 1983046812  
  Anatomic considerations  
  1982

26/6/6        (Item 6 from file: 155)  
08553055       PMID: 3241168  
  Combined anterior and posterior approach to the hip joint in  
  reconstructive and complex arthroplasty .  
  1988

26/6/10       (Item 10 from file: 73)  
06099923       EMBASE No: 1995130558  
  Load transfer across the pelvic bone  
  1995

26/6/11       (Item 11 from file: 155)  
11311623       PMID: 8666640  
  Structural bulk allografts in acetabular reconstruction. Analysis of two  
  grafts retrieved at post-mortem.  
  Mar 1996

26/6/17       (Item 17 from file: 155)  
12271361       PMID: 9581259  
  Pelvic osteotomies: anatomic pitfalls at the pubic bone. A cadaver study.  
  1998

26/6/18       (Item 18 from file: 155)  
13199048       PMID: 11236314  
  Complications of Chiari and Salter osteotomies: a cadaver study.  
  2000

26/6/19       (Item 19 from file: 155)  
13003536       PMID: 10963165  
  Anatomy of the medial femoral circumflex artery and its surgical  
  implications.  
  Jul 2000

26/7/2        (Item 2 from file: 155)  
DIALOG(R)File 155:MEDLINE(R)  
(c) format only 2005 Dialog. All rts. reserv.  
06119828       PMID: 7268632  
  A surgical technique for hip disarticulation.  
  Sugarbaker P H; Chretien P B



Surgery (UNITED STATES) Sep 1981, 90 (3) p546-53, ISSN 0039-6060  
Journal Code: 0417347  
Publishing Model Print  
Document type: Journal Article  
Languages: ENGLISH  
Main Citation Owner: NLM  
Record type: MEDLINE; Completed

Hip disarticulation is usually elected for malignant bony and soft tissue tumors below the lesser trochanter of the femur. The operation is performed with the patient in a posterolateral position; in the first phase of the procedure the surgeon stands anterior to the patient. After incision of the skin and division of the femoral vessels and nerve, muscles of the anterior thigh are transected off the pelvic bone from lateral to medial starting with the sartorius and finishing with the adductor magnus. Muscles are divided at their origin except for the iliopsoas and obturator externus which are divided at their insertion on the lesser trochanter of the femur. The quadratus femoris muscle is identified and preserved, then the flexor muscles are transected at their site of origin from the ischial tuberosity. During the next phase the surgeon is posterior to the patient, and the pelvis is rotated from the posterolateral to the anterolateral position. After completion of the skin incision, the gluteal fascia, tensor fascia lata, and the gluteus maximus muscles are divided and dissected free of their posterior attachments to expose the muscles inserting by way of a common tendon onto the greater trochanter. These muscles are then transected at their insertion on the bone. The posterior aspect of the joint capsule is then exposed and transected. Finally, the sciatic nerve is divided and allowed to retract beneath the piriformis muscle. To close the wound the preserved muscles are approximated over the joint capsule and the gluteal fascia secured to the inguinal ligament over suction drains. The skin is closed with interrupted sutures.

Record Date Created: 19811025  
Record Date Completed: 19811025

26/7/4 (Item 4 from file: 155)  
DIALOG(R)File 155:MEDLINE(R)  
(c) format only 2005 Dialog. All rts. reserv.  
06472571 PMID: 7145340  
Symposium on Surface Replacement Arthroplasty of the Hip . Anatomic considerations.

Harty M  
Orthopedic clinics of North America (UNITED STATES) Oct 1982, 13 (4)  
p667-79, ISSN 0030-5898 Journal Code: 0254463  
Publishing Model Print  
Document type: Journal Article  
Languages: ENGLISH  
Main Citation Owner: NLM  
Record type: MEDLINE; Completed  
Division of the joint capsule close to the level of the acetabular labrum provides the best protection for the essential vessels at the base of the neck and does not jeopardize the acetabular blood supply. The vital medial femoral circumflex artery passes posteriorly, directly below the neck, is afforded little protection by the tenuous inferior capsule, and must get careful consideration during joint exposure, especially if severance of the inferior capsule is contemplated. Low trochanterter osteotomy may injure the principal blood vessels to the superior neck and

head. Efforts to stabilize an osteotomized greater trochanter by passing a screw or screws into the inferior neck-shaft junction throw a severe and unnecessary stress on this important weight-bearing region of the proximal femur. **Deliberate cutting of the anterior edge of the gluteus minimus from the underlying anterior joint capsule (iliotrochanteric band) facilitates capsular exposure.**

Record Date Created: 19830127

Record Date Completed: 19830127

26/7/7 (Item 7 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08398846 PMID: 3183681

**Clinical experience with a triradiate exposure of the hip for difficult total hip arthroplasty .**

Krackow K A; Steinman H; Cohn B T; Jones L C

Department of Orthopaedic Surgery, Johns Hopkins University School of Medicine, Baltimore, Maryland.

Journal of arthroplasty (UNITED STATES) 1988, 3 (3) p267-78, ISSN 0883-5403 Journal Code: 8703515

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

A triradiate exposure of the hip was developed to facilitate the performance of certain difficult primary and revision total hip arthroplasties. Using this triradiate skin and fascial **incision**, complete anterior and posterior exposure of the hip **capsule** can be performed with relative ease. Between October 1980 and January 1985, this exposure was used 50 times in selected cases, including 9 of 320 (3%) primary total hip arthroplasties. All of these cases involved obesity, **acetabular** protrusion, and/or fragile femoral bone, conditions that would have made safe, adequate exposure without trochanteric osteotomy considerably more difficult through a routine anterolateral or posterior approach. **Over** this period, the majority of revision hip arthroplasties were performed using triradiate exposure; trochanteric osteotomy was routinely performed in these revision cases. Excellent wound healing was observed in every case, despite unfavorable factors such as advanced age, prednisone therapy, and the presence of prior incisional scars. The triradiate **incision** offers safe, controlled, and improved exposure in selected primary and revision total hip arthroplasties. It has become nearly the routine **incision** for the senior author for revision cases.

Record Date Created: 19881207

Record Date Completed: 19881207

26/7/8 (Item 8 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08237510 PMID: 3358670

**Porous surface replacement of the hip with chamfered-cylinder component.**

Amstutz H; Kilgus D; Kabo M; Dorey F

Wadsworth Veterans Administration Medical Center, Los Angeles,

California.

Archives of orthopaedic and traumatic surgery. Archiv fur orthopadische und Unfall-Chirurgie (GERMANY, WEST) 1988, 107 (2) p73-85, ISSN 0344-8444 Journal Code: 7803037

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

One hundred porous surface replacements (PSR) were performed in 92 patients (63 men and 29 women) with a mean age of 53 (range 17-76). Follow-up times range from 1 to 4 years, with 48 patients having a follow-up of at least 2 years. Preoperative diagnoses were osteoarthritis (OA) 63, osteonecrosis (ON) 13, dysplasia 9, rheumatoid-ankylosing spondylitis 6, and other 9. Seventeen hips had metal-backed acrylic-fixed THARIES acetabular sockets, nine hips had a porous cobalt chrome hemispheric beaded acetabular component with adjuvant fixation screws and externally protruding screw hubs, and 74 hips had a porous chamfered cylinder-design acetabulum. Pain relief had been immediate and more complete than with acrylic-fixed or biologic-ingrowth stem-type replacement with comparable walking and function improvements. There have been no major systemic complications, sepsis, or loosening. There have been two transient peroneal nerve palsies and three trochanteric fibrous unions. There have been three reoperations, one for subluxation, one for "metalosis" due to mesh pad loosening, and one femoral neck fracture. Examination of one removed femoral surface component which has been histologically sectioned revealed excellent (90%) bone in-growth. Circumferential progressive radiolucencies developed at the bone-cement interface by 1 year in all of the 17 acrylic-fixed acetabular components. Reaming or seating defects were noted in 25% of the ingrowth components on postoperative radiographs. Radiographic analysis of immediate postoperative films of the chamfered cylinder design acetabular components frequently demonstrated bone-component interface radiolucencies which represented component seating defects. These initial interface radiolucencies became progressively more narrow over the first six months postoperatively suggesting "healing" of the reamed bone-component interface with trabecular bone around the chamfered cylinder acetabular components. Partial healing of initial interface voids with residual narrow radiolucencies were typical of the nine hemispheric-design acetabula with adjuvant screws and screw hubs. This new porous surface replacement (PSR) of the hip using porous ingrowth fixation avoids the major disadvantages of acrylic-fixed SR: excessive acetabular reaming and difficulty with acetabular revision. (When conversion to stem-type replacement is necessary the modular polyethylene socket liner can be exchanged.) The PSR has the prospect of enhanced fixation and improved longterm durability.

Record Date Created: 19880513

Record Date Completed: 19880513

26/7/9 (Item 9 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2005 Dialog. All rts. reserv.

10272969 PMID: 8358910

Pelvic reconstruction/total hip arthroplasty for metastatic acetabular insufficiency.

Walker R H

Division of Orthopaedic Surgery, Scripps Clinic and Research Foundation,  
La Jolla, CA 92037.

Clinical orthopaedics and related research (UNITED STATES) Sep 1993,  
(294) p170-5, ISSN 0009-921X Journal Code: 0075674

Publishing Model Print

Document type: Case Reports; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Four cases of pathologic periacetabular insufficiency/fracture in patients with extensive neoplastic metastatic involvement of the hemipelvis were treated by pelvic reconstruction with hemipelvis pin reinforcement with total hip arthroplasty (THA). Reconstruction was reserved for patients with limited other bony or visceral metastases, and had extreme narcotic-dependent pain and debilitation, or failed prior management, but had reasonable life/activity expectancy. Tumor palliation and hemipelvis reconstruction was obtained by ilioinguinal (pelvic) and posterolateral (hip) incisions. Iliac crest exposure allowed iliatus elevation, debulking of any intrapelvic soft-tissue mass, and exposure of the medial acetabulum. Rows of threaded Steinman pins were selectively passed from iliac crest (ilioinguinal incision) to superior and medial acetabular deficiencies (hip incision) in guided antegrade fashion. A reinforced polymethylmethacrylate (PMMA) acetabular reconstruction was then created, with PMMA incorporating medial and superior pins, an anti-protrusion ring, and a standard cemented acetabular component. A long-stem cemented femoral component was placed for proximal femoral metastasis prophylaxis. Postoperative rehabilitation (mean hospitalization, 12.7 days) was as for cemented THA. Mean survival was 15 months with integrity of the hip construct maintained throughout. All four patients progressed to independent ambulation with walking aids and were gratified that they had elected surgical treatment with reconstruction.

Record Date Created: 19930930

Record Date Completed: 19930930

26/7/14 (Item 14 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

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11930189 PMID: 9210237

Anatomic basis of the transgluteal approach to the hip-joint by anterior hemimiotomy of the gluteus medius.

Duparc F; Thomine J M; Dujardin F; Durand C; Lukaziewicz M; Muller J M; Freger P

Laboratoire d'Anatomie, Faculte de Medecine de Rouen, Saint Etienne du Rouvray, France.

Surgical and radiologic anatomy - SRA (GERMANY) 1997, 19 (2) p61-7,  
ISSN 0930-1038 Journal Code: 8608029

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

The authors present a study of the intrinsic anatomy of the gluteus medius m, and of its innervation through the caudal branch of the superior gluteal n. The existence of an intramuscular tendon in the thickness of the gluteus medius was constantly proved in 40 muscles. The relations of

the intrinsic **fibrous** structure of the muscle and its innervation were studied. The authors deduce from that the topography of a gluteus medius **incision**, with respect to a safety area towards its innervation, which leads to an exposure of the **acetabulum** that is satisfying and gives opportunities of a sound repair after the surgery of the hip joint through the transgluteal approach. They propose the "anterior hemimiotomy of the gluteus medius m" designation.

Record Date Created: 19970815

Record Date Completed: 19970815

26/7/15 (Item 15 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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11801125 PMID: 9082305

[Open reduction technique]

Offene Repositionsverfahren.

Hefti F

Kinderorthopadische Universitätsklinik Basel.

Der Orthopade (GERMANY) Jan 1997, 26 (1) p67-74, ISSN 0085-4530

Journal Code: 0331266

Publishing Model Print

Document type: Journal Article; Review; Review, Tutorial ; English  
Abstract

Languages: GERMAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Closed reduction of a hip dislocation will prove even more difficult if the dislocation has existed **over** a longer period of time. The indication is based on several principles: An open reduction may be carried out only after an unsuccessful attempt to perform a closed reduction or at a fixed age limit (12 or 24 months) or based upon arthrographic findings. In our department, for babies up to the age of 12 months, we always try to perform a closed reduction. Between 12 to 24 months, arthrographic findings will determine the choice of method. After the age of two, as a rule, we use an open reduction. The preliminary treatment consists of longitudinal traction. Current methods of approach to the hip joint are the medial approach according to Ludloff or the **frontal approach by means of an inguinal incision**. With the medial approach, there is greater risk of damaging the circumflex artery; also, a higher rate of avascular necrosis of the femoral head has been observed. Therefore, we only practice the ventral approach. Mainly for cosmetic reasons, however, instead of using the Smith-Petersen procedure, we apply a pure inguinal **incision** proximal to the inguinal ligament. The approach is found by detaching the muscle tissue at the anterior and interior iliac spine. Medially and laterally of the pelvic ridge, though, the tissue may be left. **The joint capsule may be opened in the shape of a T or a V. A t-shape incision** offers a better survey, whereby the risk of damaging a vessel is somewhat higher. In addition to resection of the teres ligament, it is necessary to indent the transverse **acetabular** ligament. Often, aponeurotic recession of the psoas tendon must be performed as well and the labrum indented and pushed outwards before reduction. The risk of insufficient development of the **acetabulum** can be minimized only if the femoral head is optimally centered. If the femoral head is in a high position (i.e., if the upper ridge of the femoral metaphysis lies higher than the triradiate cartilage), a shortening osteotomy of the femur should always be performed. This is the

only possibility of repositioning the femoral head without exercising exaggerated pressure. On the other hand, we are rather reticent to perform a pelvic osteotomy at the time of repositioning. For children under 2 years of age, we recommend to that the **acetabulum** be allowed to develop and that a pelvic osteotomy be performed at a later period if necessary. Postoperative treatment is given for a period of 12 weeks in a hip-leg cast in the Fettweis position, followed by another 3 months in a splint. Possible complications are redislocations, avascular necrosis of the femoral head and persistent **acetabular dysplasia**. An optimal technique will considerably reduce the risks of such complications. (55 Refs.)

Record Date Created: 19970328

Record Date Completed: 19970328

26/7/16 (Item 16 from file: 144)

DIALOG(R) File 144:Pascal

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13880318 PASCAL No.: 99-0059220

**Transverse subgluteal-ilioinguinal approach to the acetabulum**

AMR S

Department of Orthopaedics and Traumatology, Cairo University, Cairo,  
Egypt

Journal: Microsurgery, 1998, 18 (7) 432-441

ISSN: 0738-1085 CODEN: MSRGDQ Availability: INIST-20148;  
354000073323400090

No. of Refs.: 65 ref.

Document Type: P (Serial) ; A (Analytic)

Country of Publication: United States

Language: English

An approach to the **acetabulum** is described. This approach consists of an **anterior** and a **posterior** part. The anterior part is nearly identical with the ilioinguinal approach. The posterior part resembles Kocher's (Gibson, J Bone Joint Surg 1950;32B:183-186) original description in that the plane of dissection passes between the motor territories of the **superior** gluteal nerve anterolaterally and the inferior gluteal nerve posteromedially. Two modifications have been introduced, however. First, the **incision** is a transverse one; **superior** and inferior fasciocutaneous flaps are elevated. Second, the gluteus maximus is not only disinserted from the fascia lata and the gluteal tuberosity at the upper end of the femur but from the iliac crest as well. After ligating the superficial branch of the **superior** gluteal artery to the gluteus maximus, the muscle itself is reflected posteromedially. We have used this approach to explore the lumbosacral plexus and its branches, particularly the sciatic nerve at the greater sciatic notch. Due to the excellent exposure of both columns of the **acetabulum**, this approach may be equally used in fractures of the **acetabulum**.

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26/7/20 (Item 20 from file: 73)

DIALOG(R) File 73:EMBASE

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11347791 EMBASE No: 2001362738

**Conus hip prosthesis**

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Acta Chirurgiae Orthopaedicae et Traumatologiae Cechoslovaca ( ACTA CHIR.

ORTHOP. TRAUMATOL. CECH. ) (Czech Republic) 2001, 68/4 (213-221)  
CODEN: ACOTA ISSN: 0001-5415  
DOCUMENT TYPE: Journal ; Article  
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH  
NUMBER OF REFERENCES: 6

50 years ago, prosthetic replacement of the hip joint ushered in a new epoch in orthopaedics. Total hip replacement made it possible to remove a severely diseased, painful hip and restore normal function and a normal quality of life to the afflicted patient. The early results of total hip replacement are almost all spectacular and hip replacement has become the most successful type of orthopaedic surgery. These good results using an approach that was technically relatively simple resulted in a temptation to implant prosthetic hip joints with ever increasing frequency in ever younger patients. This led to the emergence of new problems, which were not so clearly recognised at the outset: it emerged that the stability of prosthetic hip joints was of limited duration. This had the following consequence: If a total hip prosthesis is implanted in an elderly person whose remaining life-expectancy is shorter than the longevity of the prosthesis, hip replacement is a life-long solution. We can therefore say that, for a patient who has only 10 to 15 years left to live, their hip problem is solved by total hip replacement. For young people, who still have a long life expectancy in front of them, it is different. They will experience failure of the artificial joint and require further surgery. The commonest and most important type of failure in total hip prostheses is aseptic loosening, which is associated with resorption of bone at the site of the prosthesis. The cause of this phenomenon has only gradually been recognised in the course of the years. Initially, the unanimous opinion was that the methacrylate cement, used to fix the components of the prosthesis in the bone, was the definitive cause of aseptic loosening because fissures and fractures of the cement were almost always found during surgical revision of loosened joints. There was talk of "cement disease" and great efforts were made to improve the quality of the cement and the cementing technique. Moreover, even today, there is no established answer to the question whether, over the course of many years, cement ages and becomes friable, a process that may have major implications for young patients. For this reason, ways of reliably fixing the prosthesis in the bone without methacrylate cement were also explored at the same time. Valuable pioneering work in this field was carried out with uncemented dental implants made of titanium and with a roughened surface. With these implants, the phenomenon of osseointegration, i.e. the deposition of bone directly on the roughened metal surface without any intervening connective tissue, was observed. This phenomenon has also been utilised successfully in hip prostheses: if artificial hips made of titanium alloy with a coarse-blasted surface and with a high primary mechanical stability are placed in the bone, osseointegration also occurs. In parallel with this development, Willert, from Gottingen, identified the most important cause of loosening of the prosthesis: he established that, when an artificial joint articulates, very fine particles of polyethylene are eroded from the prosthetic cup when the surfaces of the joint glide over one another and that these are only partially removed by the lymphatic system. A large proportion of the particles accumulates in the artificial joint and in the gap between the prosthesis and the bone, giving rise to foreign body granulomata, which resorb bone thus leading to loosening. The number of eroded particles is considerable. In 1998, Patricia Campbell, from Los Angeles, showed that 470,000 particles per step were produced from an articulation between a metal head and a polyethylene cup. This huge number

gives an indication how small these particles are, since the linear erosion of the polyethylene surface only amounts to about 0.1 to 0.2 mm a year. This relatively recent recognition of "particle disease" has led to the investigation of other materials, which produce fewer erosion particles, for artificial joint articulations. Three possible options are available today, but it is not yet possible to decide for certain which of them is **superior** to the others: the longest experience has been with metal/metal articulation with articulatory pairings of cobalt/chromium/molybdenum alloy. In recent years, ceramic/ceramic articulations of aluminium oxide-ceramic and pairings of ceramic with highly crosslinked polyethylene have also been used. With these modern articulations, particle erosion can be reduced about 200 fold. If the erosion particles are an important cause of loosening of the prosthesis, it is reasonable to expect that, with these new joint pairings, the durability of an artificial joint can be substantially prolonged. The cone prosthesis described here has been developed on the basis of the knowledge and experience of the last 20 years. The conical anchoring of the stem, involving the placing of a conical implant in the conically reamed medullary cavity, results in continuous contact between the stem of the prosthesis and the bone, with a high degree of primary stability. The sharp longitudinal ribs on the stem, which cut a little into the bone, provide a high degree of rotational stability. In the case of conical fixation, the mechanical transmission of force varies with the diameter of the stem: the weight bearing surface of a cone in relation to its length is greater where the stem has a larger diameter than at the tip of the stem where the diameter is smaller. Therefore, for geometrical reasons, the conical fixation of the stem results in a transmission of force that is predominantly proximal and avoids proximal stress protection. The round cross-section permits free adjustment of the angle of anteversion and avoids any forced rotation as a result of bony deformity, which is very important in the case of dysplastic hips.

26/7/21 (Item 21 from file: 34)

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

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09471012 Genuine Article#: 407XW Number of References: 27

**Title: An ovine model for total hip replacement : operative procedure and complications**

Author(s): Field JR (REPRINT) ; Aberman H; Carbone A; Sharpe P; Smith N; Dunlop D; Howie DW

Corporate Source: Repatriat Gen Hosp, Dept Orthoped Surg, Daws Rd/Daw Pk/SA 5041/Australia/ (REPRINT); Royal Adelaide Hosp, Dept Orthoped & Trauma, Adelaide/SA 5000/Australia/; Inst Med & Vet Sci, Adelaide/SA 5000/Australia/; Howmedica Inc, Rutherford//NJ/; Howmedica Inc, Staines/Middx/England/; Princess Margaret Rose Orthopaed Hosp, Edinburgh EH10 7ED/Midlothian/Scotland/

Journal: VETERINARY AND COMPARATIVE ORTHOPAEDICS AND TRAUMATOLOGY, 2001, V 14, N1 (FEB), P32-39

ISSN: 0932-0814 Publication date: 20010200

Publisher: F K SCHATTAUER VERLAG GMBH, P O BOX 10 45 43, LENZHALDE 3, D-70040 STUTTGART, GERMANY

Language: English Document Type: ARTICLE

Abstract: A cranio-lateral curvilinear incision in the skin was centered over the greater trochanter. The subsequent approach to the acetabulum involved blunt dissection and avoided the need for significant muscular incision. The major post-operative complications



encountered were fracturing of the proximal (2/37) and distal femur (4/37), caudal neuropathy (2/37) and septic Femoral stem loosening (1/37). At two years post-operatively, the morbidity rate was 24% and the mortality rate 19%.

A regime of analgesia. involving constant infusion of xylazine. was developed and appeared very effective.

26/7/22 (Item 22 from file: 73)

DIALOG(R)File 73:EMBASE

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11906169 EMBASE No: 2003014577

**The anterior approach to hip and pelvis. Modified Smith-Petersen approach and its possibilities for extension**

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Orthopedics and Traumatology ( ORTHOP. TRAUMATOL. ) (Germany) 2002, 10/4 (245-257)

CODEN: OTRRA ISSN: 0941-2530

DOCUMENT TYPE: Journal ; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 15

Objective. Exposure of the anterior pelvic column and the anterior hip in the internervous plane between the femoral nerve (sartorius and rectus muscle) and the superior gluteal nerve (tensor fasciae latae, gluteus medius, and gluteus minimus muscle) as well as between the blood supply of the external (medial) and internal iliac artery (lateral). Indications. All pelvic osteotomies. Shelf procedures. Anterior labral lesions. Fractures of the femoral head, anterior column, anterior acetabular wall, and high transverse acetabular fractures. Contraindications. None. Surgical Technique. Incision along the iliac crest, over the anterosuperior iliac spine to the lateral aspect of the proximal thigh. Separation of sartorius and tensor fasciae latae. Osteotomy and medial reflection of the anterosuperior iliac spine. Subperiosteal detachment of the abdominal muscles and the iliacus muscle. Division of both origins of the rectus. Elevation of the iliocapsular muscle and the psoas tendon. Incision and medial retraction of the periosteum at the anterior surface of the anterior acetabular wall to expose the acetabular floor. Detachment of the tensor fasciae latae, gluteus medius, and gluteus minimus muscles to expose the outer ilium. Results. To date, this modified Smith-Petersen approach has been used in approximately 700 periacetabular osteotomies. Complications: transient femoral (n = 1), sciatic (n = 5), and lateral femorocutaneous (30%) nerve deficits. Distal aspect of the scar always large, revision rare (n = 3). No vascular injuries. Resection of heterotopic ossification in five of six patients. Very low rates of infection, hematoma, deep thrombophlebitis, and embolism.

26/7/23 (Item 23 from file: 73)

DIALOG(R)File 73:EMBASE

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11595136 EMBASE No: 2002166698

**Resection of heterotopic ossifications of the hip in paraplegics**

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Orthopedics and Traumatology ( ORTHOP. TRAUMATOL. ) (Germany) 2002,  
10/1 (15-26)  
CODEN: OTRRA ISSN: 0941-2530  
DOCUMENT TYPE: Journal ; Article  
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH  
NUMBER OF REFERENCES: 12

Objective. Improvement of hip mobility. Decrease of spasticity. Decrease or elimination of pain. Indications. Complete ankylosis of hip. Partial ankylosis interfering with function. Contraindications. Ongoing bone formation in paraplegics. Signs of a high remodeling rate (as detected by bone scan, alkaline phosphatase, radiograph). Acute infection, in particular urinary tract infection due to bladder incontinence. Absence of functional limitation. Surgical Technique. Skin **incision** starting at the anterior **superior** iliac spine and following the sartorius muscle. Detachment of the sartorius proximally and subperiosteal exposure of the ossification. Stepwise resection under image intensifier control. The **joint capsule** should be spared. Postoperative radiotherapy. Postoperative Care. Irradiation. Bed rest for 14 days without mobilization of hip. Then careful exercises until a flexion of 90degrees has been reached, use of a wheelchair. Results. Between July 1985 and March 1996, we operated 31 patients (43 hips). 29 patients (28 men, one woman, average age 37.9 [23.3-68.3] years) were followed up after an average of 50 (18-193) months. The mean total range of motion (extension/flexion) amounted to 22degrees (0-80degrees) preoperatively, to 95degrees (60-120degrees) intraoperatively after resection, and to 83degrees (80-120degrees) at the time of follow-up. Complications were recorded after ten interventions: five patients had to undergo eleven revisions. Complications in the remaining patients healed under conservative care. The patients assessed the result of the given hip as being good or excellent 33 times, as being satisfactory four times, and as being poor four times.

26/7/24 (Item 24 from file: 94)

DIALOG(R)File 94:JICST-EPlus

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05503581 JICST ACCESSION NUMBER: 02A0934561 FILE SEGMENT: JICST-E

**Technique and long term outcome of the rotation osteotomy of the acetabulum. Rotation osteotomy of acetabulum by detachment of greater trochanter.**

HIGASHIKURA ATSUMU (1)

(1) Chuburosaibyoiun Seikeigeka

Hip Jt, 2002, VOL.28, PAGE.22-25, FIG.6, REF.5

JOURNAL NUMBER: X0026AAN ISSN NO: 0389-3634

UNIVERSAL DECIMAL CLASSIFICATION: 616.7-089

LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan

DOCUMENT TYPE: Journal

ARTICLE TYPE: Original paper

MEDIA TYPE: Printed Publication

ABSTRACT: Detachment of greater trochanter for the coxarthrosis secondary to **acetabular** aplasia was introduced. Postoperative results of the 66 hips of the 60 patients with I or II type of Ninomiya classification who passed through **over** of 10 years were investigated. It is possible to grasp the whole **joint** in the operation in detachment of greater

trochanter, and the security and accuracy can be expected in the setting of the osteotomy angle. In addition, it is unnecessary to cut off musculus rectus femoris etc, and gluteus medius is exfoliated from articular capsule, and it can exfoliate under the periosteum superior to joint gap. The clinical results of our cases were good. And, the patient whose disease stage progressed could not be recognized either.

26/7/26 (Item 26 from file: 73)

DIALOG(R) File 73:EMBASE

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12602190 EMBASE No: 2004202576

**Periacetabular osteotomy using the ilioinguinal incision for treatment of hip dysplasia**

PERIAZETABULARE OSTEOTOMIE ZUR BEHANDLUNG DER HU FTGELENKDYSPLASIE UNTER VERWENDUNG EINES ILIOINGUINALEN ZUGANGS

Stark A.; Wallensten R.

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Operative Orthopadie und Traumatologie ( OPER. ORTHOP. TRAUMATOL. ) ( Germany) 2003, 15/3 (269-287)

CODEN: OOTPA ISSN: 0934-6694

DOCUMENT TYPE: Journal ; Article

LANGUAGE: GERMAN; ENGLISH SUMMARY LANGUAGE: GERMAN; ENGLISH

NUMBER OF REFERENCES: 22

Objective. Three-dimensional osteotomy around the acetabulum in order to restore coverage of the femoral head without compromising pelvic stability and to alleviate pain. Indications. Painful hip dysplasia in young patients with poor coverage of the femoral head. Contraindications. Open epiphyseal plates. Lack of congruency between femoral head and acetabulum. Advanced osteoarthritis. Flexion < 90degrees. Surgical Technique. Ilioinguinal incision according to Letournel. Three osteotomies. First osteotomy: superior pubic ramus. Second osteotomy, first step: iliac cut from midpoint between anterior superior and anterior inferior iliac spine to 1 cm above the pelvic brim; second step: iliac cut at an angle of 110-120degrees to first step aiming at the ischial spine 4 cm below the pelvic brim. Third osteotomy, first step: anterior ischial osteotomy beneath the acetabulum; second step: ischial osteotomy from the lower end of the second osteotomy (second step) to the already created anterior ischial osteotomy. The orientation of the acetabulum is changed to the desired position with help of a Schanz screw, temporary fixation with Kirschner wires. Image intensifier control. Fixation of fragment with three 3.5-mm cortical screws. Results. From 1994 until 2001, 32 periacetabular osteotomies in 31 patients were performed. 28 patients had a follow-up for >= 1 year. 27 of 28 patients were satisfied at follow-up. The unsatisfied patient suffered from severe pain due to a partial lesion of the sciatic nerve. One hip has been converted to total hip arthroplasty 7 years later. No intraoperative injury to large vessels, no thromboembolic complication. No accidental osteotomy into the hip. (c) Urban & Vogel.

26/7/27 (Item 27 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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14666342 PMID: 12594614

**[Fixation of periprosthetic femur fractures with the less invasive stabilization system (LISS)--a new minimally invasive treatment with locked fixed-angle screws]**

Das LISS-System als neues minimal-invasives winkelstabiles Verfahren zur Versorgung periprosthetischer Femurfrakturen.

Kolb W; Guhlmann H; Friedel R; Nestmann H

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Zentralblatt fur Chirurgie (Germany) Jan 2003, 128 (1) p53-9, ISSN 0044-409X Journal Code: 0413645

Publishing Model Print

Document type: Case Reports; Journal Article ; English Abstract

Languages: GERMAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

The Less Invasive Stabilization System (LISS) is a minimally invasive technique indicated for fixation of periprosthetic fractures. This new system allows percutaneous placement of cortical-shaft screws and fixation of the fracture with fixed-angle locked screws with minimal surgical exposure of the mostly osteoporotic bone and without disturbance of the existing total joint replacement. Immediate range-of-motion exercises are begun postoperatively. A retrospective clinical review of 5 patients (2 total hip arthroplasties, 3 total knee arthroplasties) was performed to describe indications, surgical technique, intra- and postoperative complications and patient follow-up. Indications are periprosthetic distal femur fractures, per- and supracondylar fractures. Contraindications are none, except existing medical comorbidities. Extraarticular fractures were treated via stab incisions over the lateral femoral condyle. Fractures with intraarticular displacement were fixed via an anterolateral parapatellar approach to the knee joint. After anatomic reduction of femoral condyles, articular fragments are fixed with Kirschner wires, followed by closed reduction aligning the articular fragments controlling length, axis and rotation. The LISS is introduced proximally under the M. vastus lateralis along the femur. It is fixed with self-drilling cortical shaft screws, locked fixed-angle screws both proximally and distally. Range-of-motion exercises are begun on the second day postoperatively. Time to full weight bearing averaged 6-8 weeks depending on clinical and radiological findings. Benefits of the LISS technique include the minimally invasive approach with increased primary stability using monocortical fixings thus eliminating the need for spongiosaplasty and blood transfusion. Disadvantages of the percutaneous placement of the LISS include malplacement on the femur, proximal screw pull-out and postoperative rotational and axial malalignment.

Record Date Created: 20030220

Record Date Completed: 20030606

30/7/2 (Item 2 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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04460065 PMID: 1126094

**Anatomic restoration of congenital hip dysplasia in adulthood by total hip displacement.**

Tronzo R G; Okin E M

Clinical orthopaedics and related research (UNITED STATES) Jan-Feb 1975  
, (106) p94-8, ISSN 0009-921X Journal Code: 0075674  
Publishing Model Print  
Document type: Journal Article  
Languages: ENGLISH  
Main Citation Owner: NLM  
Record type: MEDLINE; Completed  
Congenital dysplasia, treated or untreated, produces a hip joint difficult to reconstruct and is even more difficult when coxarthrosis supervenes producing significant disability. Total hip replacement can be dramatically successful in these patients, and equals those with coxarthrosis without congenital dislocation. The acetabulum must be totally reconstructed and relocated as near as possible to its original orientation. Usually a small straight stem femoral component must be placed into a generally constricted femoral canal. A thoughtful preoperative plan including X-ray templates is absolutely essential for a successful reconstruction without postoperative complications.  
Record Date Created: 19750718  
Record Date Completed: 19750718

30/7/4 (Item 1 from file: 94)  
DIALOG(R)File 94:JICST-EPlus  
(c)2005 Japan Science and Tech Corp(JST). All rts. reserv.  
04943149 JICST ACCESSION NUMBER: 01A0571358 FILE SEGMENT: JICST-E  
Revision THA Using Autograft of Resected Femoral Head Preserved in Subcutaneous Space: 2 cases.  
NAGAYAMA MORITAKA (1); ARAGAKI AKIRA (1); TOMIYAMA SATOSHI (1); TONOMA RIKITO (1); HORISONO HIDEHIRO (1); HIKI HIDEMARO (1)  
(1) Yuaikai Tomigusukuchubyoin Seikeigeka  
Nippon Riumachi, Kansetsu Geka Gakkai Zasshi (Japanese Journal of Rheumatism and Joint Surgery), 2001, VOL.20, NO.1, PAGE.67-71, FIG.2, REF.4  
JOURNAL NUMBER: Y0692AAF ISSN NO: 0287-3214  
UNIVERSAL DECIMAL CLASSIFICATION: 616.7-089  
LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan  
DOCUMENT TYPE: Journal  
ARTICLE TYPE: Short Communication  
MEDIA TYPE: Printed Publication  
ABSTRACT: Bone grafts are needed in most revision THA cases. We treated 2 patients (RA, OA) using autografts of resected femoral head, preserved in subcutaneous space. The patients underwent revision THA 2 months after contralateral primary THA; bone chips from preserved femoral head material were impacted into acetabular bone defects and the intramedullary femoral canal. Post-operative X rays showed homogenous patterns within 9 months after surgery. (author abst.)

File 155:MEDLINE(R) 1951-2005/Aug W3  
(c) format only 2005 Dialog

Set	Items	Description
S1	15615	'SURGICAL PROCEDURES, MINIMALLY INVASIVE' OR DC='E4.800.' - OR 'MINIMAL ACCESS SURGICAL PROCEDURES' OR 'MINIMAL SURGICAL - PROCEDURES' OR 'MINIMALLY INVASIVE SURGICAL PROCEDURES' OR 'A- RTHROSCOPY'
S2	25272	INCISION? ?
S3	318743	SUPERIOR? OR ABOVE OR TOP
S4	1463	CAPSULOTOMY
S5	104	S1 AND S2(S)S3
S6	21	S3(2N)S2 AND S1 [not relevant]
S7	75096	HIP OR HIPS OR ARTHROPLASTY
S8	0	S6 AND S7
S9	63755	HIP
S10	165689	JOINT OR BALL(1N)SOCKET
S11	0	S2(3N)S3(3N)S9(S)S10
S12	8	S2(S)S3(S)S9(S)S10
S13	8	RD (unique items)

13/9/1

DIALOG(R)File 155:MEDLINE(R)  
(c) format only 2005 Dialog. All rts. reserv.  
17938125 PMID: 15891543

**Surgical dislocation of the hip for fractures of the femoral head.**

Gardner Michael J; Suk Michael; Pearle Andrew; Buly Robert L; Helfet  
David L; Lorich Dean G

Orthopaedic Trauma Service, Hospital for Special Surgery, New York, NY  
10021, USA. gardnerm@hss.edu

Journal of orthopaedic trauma (United States) May-Jun 2005, 19 (5)  
p334-42, ISSN 0890-5339 Journal Code: 8807705

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: In Process

Subfile: INDEX MEDICUS

Traumatic dislocations of the **hip** are high-energy injuries that frequently occur with fractures of the femoral head. Controversy exists regarding many aspects of the treatment of these fractures, but following reduction, large displaced head fragments require open reduction and internal fixation. Traditionally, an anterior approach to the **hip joint** has been used for surgical access to the femoral head, but this **incision** often results in limited visualization and subsequent difficulty with anatomic reduction. Recently, a surgical **hip** dislocation technique has been described for acetabular fractures and deformities of the proximal femur. At our institution, this technique has been used for femoral head fractures resulting in **superior** visualization and fracture stabilization. This article details the technique and its application.

Record Date Created: 20050513

13/9/4

DIALOG(R)File 155:MEDLINE(R)  
(c) format only 2005 Dialog. All rts. reserv.  
10870973 PMID: 7863411

**The surgical anatomy of the superior gluteal nerve and anatomical radiologic bases of the direct lateral approach to the hip.**

Bos J C; Stoeckart R; Klooswijk A I; van Linge B; Bahadoer R  
Department of Orthopedics, Antonius Ziekenhuis, Sneek, The Netherlands.  
Surgical and radiologic anatomy - SRA (GERMANY) 1994, 16 (3) p253-8,  
ISSN 0930-1038 Journal Code: 8608029  
Publishing Model Print  
Document type: Journal Article  
Languages: ENGLISH  
Main Citation Owner: NLM  
Record type: MEDLINE; Completed  
Subfile: INDEX MEDICUS

In view of the increasing popularity of the direct lateral approach to the hip joint for hemi- or total hip arthroplasty, the location of the superior gluteal nerve (SGN) was studied. This nerve is in danger when using a transgluteal incision. In 20 embalmed specimens the relation of the SGN to the tip of the greater trochanter (TT) was studied as well as the relation to the iliac crest. For this purpose macroscopy, microscopy and CT were used. In 13 hips a so-called most inferior branch was found at an average of 1 cm distal to the inferior branch, the main trunk of the nerve. There was substantial variation in the course of both the inferior and the most inferior branch of the SGN. In order to prevent nerve damage, proximal extension of the transgluteal incision should be limited to 3 cm cranial to TT. Furthermore the incision has to be confined to the distal one third of the distance TT-iliac crest. In tall people extra care should be taken.

Tags: Female; Male  
Descriptors: \*Buttocks--innervation--IR; \*Hip Joint--surgery--SU; Aged; Aged, 80 and over; Body Height; Buttocks--anatomy and histology--AH; Buttocks--radiography--RA; Cadaver; Hip Joint--anatomy and histology--AH; Hip Prosthesis; Humans; Tomography, X-Ray Computed  
Record Date Created: 19950321  
Record Date Completed: 19950321

13/9/5

DIALOG(R) File 155:MEDLINE(R)  
(c) format only 2005 Dialog. All rts. reserv.  
08553055 PMID: 3241168

**Combined anterior and posterior approach to the hip joint in reconstructive and complex arthroplasty.**

Luskin R; Goldman A; Absatz M  
Department of Orthopaedic Surgery, New York University Medical Center 10016.

Journal of arthroplasty (UNITED STATES) 1988, 3 (4) p313-22, ISSN 0883-5403 Journal Code: 8703515

Publishing Model Print  
Document type: Case Reports; Journal Article  
Languages: ENGLISH  
Main Citation Owner: NLM  
Record type: MEDLINE; Completed  
Subfile: INDEX MEDICUS

The combined anterior and posterior approach permits access to the front and back of the hip joint for reconstruction and complex arthroplasty, usually without osteotomy of the greater trochanter, with minimal muscle release. There is ease of access to the anterior and posterior capsule,

which can be resected under direct vision, thus permitting accurate hemostasis. The entire acetabular rim is exposed for bone grafting as required. The authors review the useful standard approaches and illustrate the combination of the anterior and posterior approaches through a straight lateral incision. Concomitant exploration of the sciatic nerve is demonstrated, as is the osteotomy of the trochanter performed when the ilium superior to the acetabulum must be reconstructed. The utility and limitations of the operation is illustrated by representative cases. This extensive procedure usually can prevent neurologic and vascular compromise and allows excellent observation of the skeletal structures for accurate component alignment.

Tags: Female; Male

Descriptors: \*Arthroplasty--methods--MT; \*Hip Joint--surgery--SU; Aged; Hip Prosthesis; Humans; Joint Diseases--surgery--SU; Middle Aged

Record Date Created: 19890522

Record Date Completed: 19890522

13/9/6

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2005 Dialog. All rts. reserv.

06122232 PMID: 7269743

[A new technique of triple osteotomy for turning dysplastic acetabula in adolescents and adults (author's transl)]

Eine neue Technik der Dreifachosteotomie zur Schwenkung dysplastischer Huftpfeannen bei Jugendlichen und Erwachsenen.

Tonnis D; Behrens K; Tscharani F

Zeitschrift fur Orthopadie und ihre Grenzgebiete (GERMANY, WEST) Jun 1981, 119 (3) p253-65, ISSN 0044-3220 Journal Code: 1256465

Publishing Model Print

Document type: Journal Article ; English Abstract

Languages: GERMAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

A new form of triple-osteotomy of the pelvis is described. The ischium is osteotomized from a dorsal approach, immediately behind the hip joint. The ischium is left in place, the ligaments giving stability to the sacrum remain in tension. After turning the patient a small medial incision is done for the osteotomy of the pubis. The ilium is cut through with a Gigli saw from a small incision laterally. It should descend medially in a distance of 2-2,5 cm apart from the joint. The possibilities to turn the acetabulum are very good and correspond to the amount of abduction before operation. Injuries to the sciatic nerve are avoided by the dorsal approach. The evaluations of 32 patients with different degrees of dislocations are reported. The osteotomy may be done even in flat-shaped femoral heads, where the acetabulum is still congruent as long as it is possible to abduct the leg and turn the femoral head into the acetabulum. It has been done in high dislocations with secondary acetabulae as well. The operation may be used in children above 8 years, where the osteotomy of Salter and acetabuloplasties are not efficient any more. In contrary to Chiari's osteotomy the acetabulum is covered by cartilage and the angle of inclination usually normal. It can be used in adults and beginning arthrosis as long as the abduction is not limited.

Tags: Female; Male

Descriptors: \*Acetabulum--surgery--SU; \*Osteotomy--methods--MT; Acetabulu



m--radiography--RA; Adolescent; Adult; Child; Humans; Postoperative  
Complications

Record Date Created: 19811029

Record Date Completed: 19811029

13/9/7

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2005 Dialog. All rts. reserv.

05589394 PMID: 477093

**The mechanisms of severe arterial injury in surgery of the hip joint.**

Nachbur B; Meyer R P; Verkkala K; Zurcher R

Clinical orthopaedics and related research (UNITED STATES) Jun 1979,

(141) p122-33, ISSN 0009-921X Journal Code: 0075674

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

Vascular accidents occurring in the course of **hip** surgery may reach potentially catastrophic dimensions by posing an immediate and sudden threat to life and limb. This is a report of 15 cases with severe arterial injury representing 0.2--0.3% of all reconstructive **hip** operations performed during an 8 year period. In 6 cases perforation of either the external iliac artery, the common femoral artery of main branches of the lateral and medial circumflex femoral artery were caused by the tip of a narrow-pointed Hohmann retractor used to expose the **hip joint**. Other mechanisms were: intimal tear with appositional thrombosis, probably caused by mechanical strain imposed on atherosclerotic arteries, giving rise to complete limb ischemia (2 cases); the dangers associated with the entry of bone cement through a defective acetabulum into the pelvis causing thrombotic occlusion due to polymerization heat (one case) or intimate adhesion of artificial bone to the external iliac artery subsequently being ripped open during replacement of the cup (one case); the increased hazards of replacing firmly embedded **hip** prosthesis (3 cases of direct arterial injury with chisel, knife and cutting edge of protruding bone); and the complications associated with the development of a false aneurysm (2 cases). Fourteen of the 15 extremities were salvaged. **Above**-knee amputation was unavoidable in one case owing to delay of vascular repair. There was no immediate operative mortality. Knowledge of the causative mechanisms prevents arterial injury during **hip** surgery. The relatively low rate of vascular complications in spite of vicinity of main vessels gives credit to the well standardized technique of **hip** surgery, especially **hip** replacement. However, it is suggested that the surgeon should be sufficiently acquainted with the exposure of the main vessels **above** and below the groin to be able to control life threatening hemorrhage at all times. A McBurney **incision** with retroperitoneal exposure and clamping of the external iliac artery will suffice to diminish bleeding considerably. Thereupon careful dissection and placement of snares around the common femoral artery, the arteria profunda femoris, and whenever necessary, the lateral or medial circumflex femoral artery will enable closure of the lacerated artery. For hemorrhage resulting during replacement of firmly embedded **hip** prosthesis it might become necessary to ligate the internal iliac artery. Reconstruction of obliterated arteries should call for the cooperation of the vascular surgeon for eventual

angioplasty. Angiologic examination of the lower extremities is mandatory whenever severe arterial trauma has occurred in the course of hip surgery and is best performed by measuring the ankle blood pressure with a Doppler ultrasound probe.

Tags: Female; Male

Descriptors: \*Arteries--injuries--IN; \*Hip Prosthesis--adverse effects--AE; Adult; Aged; Aneurysm--etiology--ET; Arthrodesis; Child; Femoral Artery--injuries--IN; Humans; Iatrogenic Disease; Iliac Artery--injuries--IN; Ischemia--etiology--ET; Middle Aged; Thrombosis--etiology--ET

Record Date Created: 19791121

Record Date Completed: 19791121

File 149:TGG Health&Wellness DB(SM) 1976-2005/Aug W2  
 (c) 2005 The Gale Group  
 File 148:Gale Group Trade & Industry DB 1976-2005/Aug 29  
 (c)2005 The Gale Group  
 File 16:Gale Group PROMT(R) 1990-2005/Aug 29  
 (c) 2005 The Gale Group  
 File 160:Gale Group PROMT(R) 1972-1989  
 (c) 1999 The Gale Group  
 File 465:Incidence & Prevalence 2005/Q2  
 (c) 2005 Timely Data Resources  
 File 98:General Sci Abs/Full-Text 1984-2004/Dec  
 (c) 2005 The HW Wilson Co.  
 File 88:Gale Group Business A.R.T.S. 1976-2005/Aug 26  
 (c) 2005 The Gale Group  
 File 429:Adis Newsletters(Archive) 1982-2005/Aug 29  
 (c) 2005 ADI BV.  
 File 441:ESPICOM Pharm&Med DEVICE NEWS 2005/Jul W4  
 (c) 2005 ESPICOM Bus.Intell.

Set	Items	Description
S1	141980	HIP OR HIPS
S2	1805472	SURGERY OR SURGERIES OR SURGICAL? OR ARTHROPLASTY OR THA OR THR OR REPLACE? ? OR REPLACING OR REPLACEMENT? ?
S3	2014158	INCIS???? OR CUT OR CUTS OR CUTTING
S4	4899471	SECTION??? OR ENTER??? OR ACCESS?? OR ACCESSING
S5	9350389	SUPERIOR? OR ABOVE OR TOP OR OVER OR SUPRA OR SUPERJACENT
S6	1433254	JOINT OR SOCKET OR ACETABULUM OR ACETABULAR
S7	164354	CAPSULE OR MEMBRANE OR CONNECTIVE OR SYNOVIAL OR FIBROUS
S8	348	CAPSULOTOMY
S9	1068	BALL(10N)SOCKET OR HEAD(10N)ACETABUL??
S10	1705	(S1/TI AND S2/TI) OR (S1/DE AND S2/DE)
S11	217045	(S3 OR S4 OR S8) (5N)S5
S12	2645	S11(S)S6
S13	3	S10 AND S12
S14	1	RD (unique items)
S15	19966	(S3 OR S4 OR S8) (S)S5(S)S6
S16	91	S15 AND S10
S17	9178	S1(5N)S2
S18	121	S15(S)S17
S19	138	(S16 OR S18) NOT S13
S20	22	RD (unique items)
S21	2	S20/2004:2005
S22	20	S20 NOT S21
S23	20	Sort S22/ALL/PD,A
S24	63	S9 AND S10
S25	54	S24 NOT (S13 OR S19)
S26	32	RD (unique items)
S27	3	S26/2004:2005
S28	29	S26 NOT S27
S29	29	Sort S28/ALL/PD,A

14/3,K/1 (Item 1 from file: 149)  
 DIALOG(R)File 149:TGG Health&Wellness DB(SM)  
 (c) 2005 The Gale Group. All rts. reserv.  
 02051557 SUPPLIER NUMBER: 82297466 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
 Arthritis - Hip Replacement .  
 Harvard Health Letter, 27, 4, NA

Feb,  
2002

PUBLICATION FORMAT: Newsletter; Refereed ISSN: 1052-1577 LANGUAGE:  
English RECORD TYPE: Fulltext TARGET AUDIENCE: Consumer  
WORD COUNT: 1417 LINE COUNT: 00111

... the side, or lateral, approach results in a more stable joint replacement.

Working inside the joint , the surgeon cuts off the bulbous top of the thighbone, or femur, and replaces it with a round head component that is usually made out of metal. (See illustration.) That head fits snugly into the acetabulum (pronounced ass- eh-TAB -you-lum), the part of the pelvis that forms the " socket " of the hip's ball-and- socket design. The operation doesn't involve totally replacing the acetabulum . Instead, the surgeon smoothes the inside surface and relines it with a curved piece of...

...DESCRIPTORS: Artificial hip joints...

... Hip joint...

... Surgery

23/3,K/1 (Item 1 from file: 149)

DIALOG(R) File 149:TGG Health&Wellness DB(SM)

(c) 2005 The Gale Group. All rts. reserv.

01178064 SUPPLIER NUMBER: 10408864

**Intrapelvic migration of total hip prostheses: operative treatment.**

Eftekhari, Nas S.; Nercessian, Ohannes

Journal of Bone and Joint Surgery: American Volume, v71, n10, p1480(7)

Dec,  
1989

PUBLICATION FORMAT: Magazine/Journal ISSN: 0021-9355 LANGUAGE: English  
RECORD TYPE: Abstract TARGET AUDIENCE: Professional

ABSTRACT: Migration of the socket portion of a hip prosthesis through the inner wall of the pelvic bone is one cause of failure of total hip replacement surgery . This can lead to complications such as hemorrhage, nerve palsy, and may damage the bladder...

...type of prosthesis migration. Two stages of surgery were necessary. In the first operation, an incision was made over the outer thigh to remove the ball portion of the prosthesis from the femur (thigh bone). Another incision was made over the uppermost portion of the pelvic bone and adjoining abdomen, which allowed access to the abdominal cavity for removal of the prosthetic socket , surgical cement, and scar tissue, which may be as thick as one inch. During the...

...12 months later, after the bone graft healed. In this procedure, new prosthetic ball and socket were placed into the femur and reconstructed pelvis. All four patients had a good outcome...

23/3,K/2 (Item 2 from file: 149)

DIALOG(R) File 149:TGG Health&Wellness DB(SM)

(c) 2005 The Gale Group. All rts. reserv.

01225432 SUPPLIER NUMBER: 09041399

**Management of the lower extremities in children who have cerebral palsy.**

Bleck, Eugene E.

Journal of Bone and Joint Surgery: American Volume, v72, n1, p140(5)

Jan,  
1990

PUBLICATION FORMAT: Magazine/Journal ISSN: 0021-9355 LANGUAGE: English  
RECORD TYPE: Abstract TARGET AUDIENCE: Professional  
ABSTRACT: Because of advancements in medical care, there has been a change over time in the type of motor disorder seen in cerebral palsy patients. The incidence of...  
...with cerebral palsy, but this is not a cure. Neurosurgical treatment by rhizotomy, or selective cutting of 30 to 70 percent of posterior spinal cord rootlets, has been used widely. Spasticity...  
...requiring a laminectomy of the spinal column. Rhizotomy does not change the muscle shortening or joint deformities, and orthopedic procedures are generally performed. Hip problems treated surgically include flexion contracture, adduction contracture, internal rotation deformity, subluxation and dislocation of the joint. Flexion deformity of the knee has been thoroughly studied and the spasticity of the quadriceps...

23/3,K/6 (Item 6 from file: 148)

DIALOG(R)File 148:Gale Group Trade & Industry DB

(c)2005 The Gale Group. All rts. reserv.

06440913 SUPPLIER NUMBER: 13795901 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Robot assists with hip replacement surgery. (Newstrends)

Machine Design, v65, n4, p12(1)

Feb 26, 1993

ISSN: 0024-9114 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT; ABSTRACT

WORD COUNT: 697 LINE COUNT: 00056

... After Dr. Bargar performs the usual femoral neck osteotomy (the removal of the ball and socket joint) and installs the pelvic side of the total hip, the three metal locator pins are...

...of the locator pins, the robotic arm, fitted with a cutter bit, is placed on top of the femur, and proceeds to mill the femoral cavity with a rotating tool in the shape of the prosthesis. The robot's cutting progress is monitored on a video screen until completion. The surgical robot is then placed...

23/3,K/7 (Item 7 from file: 149)

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

(c) 2005 The Gale Group. All rts. reserv.

01421686 SUPPLIER NUMBER: 14046478 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Robots in the operating room. (Cover Story)

Ropp, Kevin L.

FDA Consumer, v27, n6, p25(5)

July-August,

1993

DOCUMENT TYPE: Cover Story PUBLICATION FORMAT: Magazine/Journal ISSN:

0362-1332 LANGUAGE: English RECORD TYPE: Fulltext; Abstract

TARGET AUDIENCE: Trade

WORD COUNT: 2090 LINE COUNT: 00171

... acetate templates of implants until a close match is found for that particular patient.

During surgery, the doctor removes both the hip socket and the top of the femur. Using a hammer and broach (a cylindrical cutting tool with teeth on the surface), the surgeon chisels an 8-to 10-inch-deep...

...surgeon then hammers the steel or titanium implant into place, attaches it to the hip socket, and sews up the incision.

In preparing for robotics surgery, about a week before the actual

procedure the doctor places...

23/3,K/9 (Item 9 from file: 149)  
DIALOG(R)File 149:TGG Health&Wellness DB(SM)  
(c) 2005 The Gale Group. All rts. reserv.  
01609396 SUPPLIER NUMBER: 17925056 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Robots in operating theatres.**  
Buckingham, R.A.; Buckingham, R.O.  
British Medical Journal, v311, n7018, p1479(4)  
Dec 2,  
1995  
PUBLICATION FORMAT: Magazine/Journal ISSN: 0959-8146 LANGUAGE: English  
RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional  
WORD COUNT: 3946 LINE COUNT: 00317  
... and can be fixed in known positions. The main use of orthopaedic robots is to cut and ream bones with great precision for the fitting of joint prostheses or for replacing ligaments. Paul et al developed a robot which prepares the proximal femur to accept the femoral component of an uncemented total hip replacement .[18] The aim is to produce total contact of the prosthetic stem with the femoral...  
...implant. Current methods of femur preparation allow the prosthesis to make contact with the bone over only 18-200/o of its surface. The robot can create a cavity to house...

23/3,K/10 (Item 10 from file: 98)  
DIALOG(R)File 98:General Sci Abs/Full-Text  
(c) 2005 The HW Wilson Co. All rts. reserv.  
03274837 H.W. WILSON RECORD NUMBER: BGSI96024837  
**Orthopedic surgery.**  
Bucholz, Robert W  
Buckwalter, Joseph A  
JAMA (JAMA) v. 275 (June 19 '96) p. 1836-7  
DOCUMENT TYPE: Feature Article  
SPECIAL FEATURES: bibl ISSN: 0098-7484  
LANGUAGE: English  
COUNTRY OF PUBLICATION: United States  
ABSTRACT: Part of the 1996 Contempo Section . Developments in orthopedic surgery over the past year are discussed. Many different proteins from the transforming growth factor b superfamily...  
...and chondrocyte transplants covered with periosteal grafts. Important advances in the care of spinal, pelvic, acetabular and extremity fractures include the application of small wire circular external fixators to complex periarticular fractures. The durability of total hip replacements has been increased by improvements in surgical technique and postsurgical observation.

23/3,K/12 (Item 12 from file: 149)  
DIALOG(R)File 149:TGG Health&Wellness DB(SM)  
(c) 2005 The Gale Group. All rts. reserv.  
01832044 SUPPLIER NUMBER: 54561203 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
**Reconstruction of dislocated hips in children with cerebral palsy.**  
Spencer, J D  
British Medical Journal, 318, 7190, 1021(1)

April 17,  
1999

PUBLICATION FORMAT: Magazine/Journal ISSN: 0959-8146 LANGUAGE: English  
RECORD TYPE: Fulltext TARGET AUDIENCE: Professional  
WORD COUNT: 959 LINE COUNT: 00081

... are femoral neck anteversion, valgus femoral neck shaft angles, and acetabular dysplasia.

If a child over the age of 5 has a migration percentage of the hip greater than 40% the...

...effect a salvage procedure. It involves anatomical correction of bony abnormalities in the femur and **acetabulum**, with shortening of the femur to allow the femoral head to be relocated in the **acetabulum**. Tethers to the femur, with the inevitably tight pubofemoral ligament and the adductor and psoas muscles, will have to be **cut** to allow relocation of the femoral head. The **acetabulum** itself must be cleared of all fibrous, fatty, and ligamentous tissue, and during the operation...

...DESCRIPTORS: **Hip joint...**

... **Surgery**

23/3,K/14 (Item 14 from file: 441)

DIALOG(R)File 441:ESPICOM Pharm&Med DEVICE NEWS

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00039785 00043414 (USE FORMAT 7 OR 9 FOR FULLTEXT)

New procedure could lead to better rehabilitation times

Medical Industry Week

12 October 2001 (20011012)

RECORD TYPE: FULLTEXT WORD COUNT: 197

COMPANY: Rush-Presbyterian-St Luke's Medical Center; Zimmer

(THIS IS THE FULLTEXT)

TEXT:

A team of surgeons from Oregon and Canada are pioneering a new **hip replacement** procedure, transforming the minimally-invasive operation by slipping in the artificial joint through two small...

...instead of a 12-inch slice.

The new procedure requires the surgeons to make two **incisions**, each one **inch long**, around the **top** and bottom of the **pelvis**. Through the first **incision**, they push two muscles aside instead of slicing them and bring the **hip**'s ball into view. By inserting a special tiny saw, the surgeon **cuts** the femoral head and takes it out in pieces, and slips in the artificial ball-and- **socket**. The patient's legs are then crossed providing direct **access** to the thigh bone through the second **incision**. The rod is then placed into position and connected to the ball.

Dr Richard Berger...

23/3,K/15 (Item 15 from file: 149)

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

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02084877 SUPPLIER NUMBER: 87103155 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Update on the treatment of childhood movement disorders. (Special Report).

Kirkland, Anne

The Exceptional Parent, 32, 5, 44(12)

May,

2002

PUBLICATION FORMAT: Magazine/Journal ISSN: 0046-9157 LANGUAGE: English

RECORD TYPE: Fulltext TARGET AUDIENCE: Consumer

WORD COUNT: 6941 LINE COUNT: 00684

... procedure that is performed on the thigh bone (femur) to correct alignment with the hip **socket**. The ball at the **top** of the thigh bone is **cut** and repositioned into the **hip socket**. Sometimes **surgery** is required on the **socket** to make it deeper and provide better support for the **top** of the femur. After surgery, a cast is sometimes necessary but not in all cases...

23/3,K/16 (Item 16 from file: 441)

DIALOG(R)File 441:ESPICOM Pharm&Med DEVICE NEWS

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00044808 00047088 (USE FORMAT 7 OR 9 FOR FULLTEXT)

**VirtualScopics and AORI to collaborate on hip replacement software**

Medical Industry Week

19 August 2002 (20020819)

RECORD TYPE: FULLTEXT WORD COUNT: 228

COMPANY: VirtualScopics; Anderson Orthopaedic Research Institute;

VirtualScopics

(THIS IS THE FULLTEXT)

TEXT:

VirtualScopics and Anderson Orthopaedic Research Institute (AORI) have **entered** into a partnership to advance and improve the care and treatment of patients with **hip** and knee prostheses. The partnership will combine the experience of AORI researchers with VirtualScopics' advanced...  
...build a system for the non-invasive detection and measurement of physiological changes related to **joint replacement** procedures. Under the terms of the agreement, VirtualScopics will tailor its software to meet the needs of orthopaedic surgeons based on collaborative research with AORI, whose computerised database contains **over 7,000** prosthetic implant patients that will be a valuable resource in the software development...  
...provide the best treatment to the patient. Current techniques for evaluating patient progress after **joint replacement** are based on examination of plain film X-rays which, due to their 2D view...

23/3,K/17 (Item 17 from file: 16)

DIALOG(R)File 16:Gale Group PROMT(R)

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12338521 Supplier Number: 132144924 (USE FORMAT 7 FOR FULLTEXT)

**Smith & Nephew Enhances Hip Surgery with Highly Accurate**

**Computer-Assisted Navigation.**

PR Newswire, pNA

Jan 2, 2003

Language: English Record Type: Fulltext

Document Type: Newswire; Trade

Word Count: 528

... visualization during surgery. As a result, studies indicate as many as two-thirds of all **acetabular** cups are placed incorrectly and are at increased risk of post-operative dislocation. The Achieve surgical application, however, expands orthopedists' view of the surgical site, even through mini- **incisions**, by using specialized technology to track the movement of the instruments and implant relative to...

...and ensuring patient wellness," explains Scott Elliott, Smith & Nephew's vice president of computer-assisted **surgery**. " **Hip surgery** is moving



in the direction of mini- incisions , and the Achieve surgical application provides Smith & Nephew's mini- incision hip replacement technique with a distinct advantage over competitors by providing views of the surgical site unimaginable before now."

Smith & Nephew's Achieve...

23/3,K/18 (Item 18 from file: 148)

DIALOG(R)File 148:Gale Group Trade & Industry DB

(c)2005 The Gale Group. All rts. reserv.

15359509 SUPPLIER NUMBER: 96437834 (USE FORMAT 7 OR 9 FOR FULL TEXT)

Keep It Short - Jefferson Hospital Orthopedic Specialists to Demonstrate on Web How Newer Limited Incision Hip Replacement Surgery Reduces Risk to Patient; During a Jan. 15 Webcast from Thomas Jefferson University Hospital, Rothman Institute at Jefferson Orthopedic Specialists Will Perform Total Hip Replacement Surgery Using a Limited Incision.

PR Newswire, PHTU06414012003

Jan 14, 2003

LANGUAGE: English RECORD TYPE: Fulltext

WORD COUNT: 1116 LINE COUNT: 00096

... and readmission rates for the procedure.

During hip replacement surgery, the orthopedic surgeon makes an incision along the joint , moves aside muscles and removes damaged bone and cartilage. The remaining bone is prepared to receive the prosthesis and the new plastic and metal joint is placed in position. The technique developed by Jefferson surgeons over the past 15 years involves fixation of the prosthesis to bone without the use of cement. The incision is closed with stitches or staples, which will be removed in about two weeks.

For...research papers to his credit.

Dr. Hozack has specialized in hip and knee replacement surgery over the past 15 years. He is currently focusing his efforts on improving the longevity of joint replacement, especially in active, healthy people. He is also developing and improving techniques of limited incision hip and knee replacement as well as the use of computer-assisted surgery of the hip and knee.

The Webcast is approved for AMA PRA Category 1 credit. Jefferson Medical College...

23/7/3 (Item 3 from file: 16)

DIALOG(R)File 16:Gale Group PROMT(R)

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01166503 Supplier Number: 41329762 (THIS IS THE FULLTEXT)

Hip robot

MIS Week, p31

May 14, 1990

TEXT:

TERI ROBINSON

If you're the type of person who complains about your doctor's detached bedside manner, then "Robodoc" is not for you. If, however, you want to be on the cutting edge (no pun intended) of technology, sign on to the patient register of the world's first robot-surgeon.

This University of California, Davis, "Dr. Steelgood" successfully performed hip surgery on an arthritic dog last week--as if it's not bad enough to be a pooch with arthritis.

Computer and robot

The one-armed robot used a rotary cutting tool to make a precise

incision in the top of the dog's thigh and remove the damaged hip. A metal prosthesis was inserted to **replace the hip joint**. Developers say Robodoc's physique is similar to that of robots used in factory automation. The robot's makers claim that the machine they call Robodoc is more precise than is a human doctor.

By using a computer in tandem with the surgical robot, doctors were able to direct the exact dimensions of the incisions, so that the prosthesis would fit perfectly.

In preparing the dog for surgery, doctors implanted three pins in the pooch's femur to guide the robot during the procedure.

Then, 3-D X-rays were run through a computer, which made it easier for doctors to calculate the size, type and location of the prospective implant.

This information was then fed to the robot to serve as a surgical guide.

Eyes and brains, next

Researchers said they think the robot-surgeon's value is great because more than 160,000 human hip operations are performed each year domestically.

The robot's proponents see future uses for human eye, middle-ear or brain-tumor surgery.

I wonder how quickly hospitals will be to "hire" a robot-surgeon, or, more important, how patients will respond. I, for one, believe a robot with a saw, no matter how small, is not a good example of prudent surgical policy.

Researchers, however, are quick to point out that robots are not likely to replace human surgeons, but rather will function as surgical assistants. The robots would help doctors when precision is of the essence. (You would like to think that precision is key in all surgery.) I hope the robot is practicing its bedside manner and doesn't adopt the communication skills of its Robocop brethren.

It wouldn't be very encouraging to have a metallic surgeon who declares, "You're sick, creep."

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29/8/1 (Item 1 from file: 160)

DIALOG(R) File 160:(c) 1999 The Gale Group. All rts. reserv.  
00931281

**A new ceramic joint may cut costs of hip replacement and last longer than metal joints.**

May, 1983

PRODUCT: \*Artificial Joints (3842133); Advanced Synthetic Ceramics  
(3269091)

EVENT: \*Product Design & Development (33)

COUNTRY: \*United States (1USA)

29/8/3 (Item 3 from file: 149)

DIALOG(R) File 149:(c) 2005 The Gale Group. All rts. reserv.

01149162 SUPPLIER NUMBER: 06456710 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**The silent epidemic of hip fractures.**

1988

WORD COUNT: 2017 LINE COUNT: 00194

SPECIAL FEATURES: illustration; photograph

DESCRIPTORS: Artificial hip joints--Innovations; Fractures--Care and

treatment; Home accidents--Prevention; Hip joint-- Surgery ; Aged--  
Safety and security measures

29/8/4 (Item 4 from file: 149)

DIALOG(R)File 149:(c) 2005 The Gale Group. All rts. reserv.  
01183221 SUPPLIER NUMBER: 07512545 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
The hip : when the joint must be replaced . (includes related article)  
1989  
WORD COUNT: 2290 LINE COUNT: 00214  
SPECIAL FEATURES: illustration; photograph; chart  
DESCRIPTORS: Hip joint-- Surgery ; Artificial hip joints--Physiological  
aspects  
SIC CODES: 8049 Offices of health practitioners, not elsewhere classified

29/8/5 (Item 5 from file: 149)

DIALOG(R)File 149:(c) 2005 The Gale Group. All rts. reserv.  
01191622 SUPPLIER NUMBER: 08179391 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
High-tech hips. (includes related articles)  
1989  
WORD COUNT: 1336 LINE COUNT: 00138  
SPECIAL FEATURES: illustration; photograph; chart; graph  
DESCRIPTORS: Polymethylmethacrylate--Usage; Arthroplasty --History;  
Artificial hip joints--Innovations  
SIC CODES: 3842 Surgical appliances and supplies

29/8/9 (Item 9 from file: 149)

DIALOG(R)File 149:(c) 2005 The Gale Group. All rts. reserv.  
01225480 SUPPLIER NUMBER: 09248214  
Treatment of osteoarthrosis secondary to congenital dislocation of the hip  
: primary cemented surface replacement compared with conventional total  
hip replacement .  
1990  
SPECIAL FEATURES: illustration; table; graph; diagnostic image  
DESCRIPTORS: Artificial hip joints--Complications; Artificial hip  
joints--Technique; Osteoarthritis-- Surgery ; Hip joint--Dislocation,  
Congenital; Osteoarthritis--Demographic aspects

29/8/12 (Item 12 from file: 149)

DIALOG(R)File 149:(c) 2005 The Gale Group. All rts. reserv.  
01475518 SUPPLIER NUMBER: 14977642 (USE FORMAT 7 OR 9 FOR FULL TEXT)  
An operation that usually works. ( hip replacement surgery )  
1994  
WORD COUNT: 886 LINE COUNT: 00067  
SPECIAL FEATURES: illustration; other  
DESCRIPTORS: Artificial hip joints--Usage; Hip -- Surgery

29/8/13 (Item 13 from file: 16)

DIALOG(R)File 16:(c) 2005 The Gale Group. All rts. reserv.  
03306069 Supplier Number: 44566200 (USE FORMAT 7 FOR FULLTEXT)  
Lawrence Livermore and Memphis Firm Collaborate In Developing Machine  
Process for Hip Replacement Part  
April, 1994  
Word Count: 142  
PUBLISHER NAME: University R&D Opportunities, Inc.  
COMPANY NAMES: \*Lawrence Livermore Natl Lab; Smith and Nephew Richards  
Inc.

EVENT NAMES: \*320 (Manufacturing processes)  
GEOGRAPHIC NAMES: \*1USA (United States)  
PRODUCT NAMES: \*3842131 (Artificial Limbs)  
INDUSTRY NAMES: BUSN (Any type of business); ENG (Engineering and  
Manufacturing)  
NAICS CODES: 339113 (Surgical Appliance and Supplies Manufacturing)  
SPECIAL FEATURES: COMPANY

29/8/18 (Item 18 from file: 88)

DIALOG(R)File 88:(c) 2005 The Gale Group. All rts. reserv.

05010130 SUPPLIER NUMBER: 53663454

**Leaps and Bounds.**(1997 Boston Dance Medicine Conference report on dance  
medicine and injuries; includes related article on metal-metal hip  
replacement surgery )

Feb, 1999

WORD COUNT: 1459 LINE COUNT: 00122

DESCRIPTORS: Boston Ballet--Services; Dancing--Physiological aspects;  
Dancers--Health aspects

29/8/23 (Item 23 from file: 149)

DIALOG(R)File 149:(c) 2005 The Gale Group. All rts. reserv.

02107509 SUPPLIER NUMBER: 91272015 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**Questions and answers about hip replacement . (Health Topics).**(Pamphlet)  
2001

WORD COUNT: 3111 LINE COUNT: 00255

DESCRIPTORS: Health pamphlets--Reports; Artificial hip joints--  
Information services; Hip joint-- Surgery

GEOGRAPHIC CODES/NAMES: 1USA United States

29/8/25 (Item 25 from file: 149)

DIALOG(R)File 149:(c) 2005 The Gale Group. All rts. reserv.

02114954 SUPPLIER NUMBER: 91805672 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**Revision total hip arthroplasty . (Home Study Program).**

2002

WORD COUNT: 6790 LINE COUNT: 00626

DESCRIPTORS: Nursing--Examinations, problems, exercises, etc.; Hip joint  
-- Surgery

GEOGRAPHIC CODES/NAMES: 1USA United States

29/8/26 (Item 26 from file: 98)

DIALOG(R)File 98:(c) 2005 The HW Wilson Co. All rts. reserv.

05203048 H.W. WILSON RECORD NUMBER: BGSA03203048

**Original biological reconstruction of the hip in a 4-year-old girl.**

DESCRIPTORS:

Leg--Tumors; Bones--Transplantation; Hip joints-- Surgery

Jan. 11 2003 (20030111)

29/8/27 (Item 27 from file: 149)

DIALOG(R)File 149:(c) 2005 The Gale Group. All rts. reserv.

02157336 SUPPLIER NUMBER: 98340984 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**Casting better bones: almost routine today, surgically -implanted castings  
are regularly replacing knee, hip and shoulder joints with amazing  
results.**

2003

WORD COUNT: 2203 LINE COUNT: 00179

COMPANY NAMES: Biomet Inc.--Products

DESCRIPTORS: Metal castings--Usage; Surgical equipment and supplies  
industry--Products  
GEOGRAPHIC CODES/NAMES: 1USA United States  
EVENT CODES/NAMES: 330 Product information  
TICKER SYMBOLS: BMET

29/8/29 (Item 29 from file: 149)  
DIALOG(R) File 149:(c) 2005 The Gale Group. All rts. reserv.  
02305354 SUPPLIER NUMBER: 111895678 (USE FORMAT 7 OR 9 FOR FULL TEXT  
Home Study Program: primary total hip arthroplasty..  
2003  
WORD COUNT: 9213 LINE COUNT: 00838  
DESCRIPTORS: Arthroplasty  
EVENT CODES/NAMES: 310 Science & research

29/3,K/6 (Item 6 from file: 149)  
DIALOG(R) File 149:TGG Health&Wellness DB(SM)  
(c) 2005 The Gale Group. All rts. reserv.  
01178065 SUPPLIER NUMBER: 10408866  
Primary and revision total hip replacement without cement and with  
associated femoral osteotomy.  
Holtgrewe, Jeff L.; Hungerford, David S.  
Journal of Bone and Joint Surgery: American Volume, v71, n10, p1487(9)  
Dec,  
1989  
PUBLICATION FORMAT: Magazine/Journal ISSN: 0021-9355 LANGUAGE: English  
RECORD TYPE: Abstract TARGET AUDIENCE: Professional  
ABSTRACT: In total hip replacement surgery, both the ball and socket  
portions of the hip joint are replaced by prostheses. Occasionally,  
patients who have had such...

29/3,K/7 (Item 7 from file: 149)  
DIALOG(R) File 149:TGG Health&Wellness DB(SM)  
(c) 2005 The Gale Group. All rts. reserv.  
01178063 SUPPLIER NUMBER: 10408862  
The fate of acetabular allografts after bipolar revision arthroplasty of  
the hip : a radiographic review.  
Wilson, Michael G.; Nikpoor, Nayer; Aliabadi, Piran; Poss, Robert;  
Weissman, Barbara N.  
Journal of Bone and Joint Surgery: American Volume, v71, n10, p1469(11)  
Dec,  
1989  
PUBLICATION FORMAT: Magazine/Journal ISSN: 0021-9355 LANGUAGE: English  
RECORD TYPE: Abstract TARGET AUDIENCE: Professional  
ABSTRACT: In total hip replacement surgery, both the ball and socket  
portions of the hip joint are replaced by prosthetics. Aseptic (without  
infection) loosening of the socket portion from the pelvic acetabulum ,  
the rounded cavity in which the head of the femur (thigh bone) fits,  
causes bone loss. This has become a frequent problem...

29/3,K/10 (Item 10 from file: 16)  
DIALOG(R) File 16:Gale Group PROMT(R)  
(c) 2005 The Gale Group. All rts. reserv.  
02592271 Supplier Number: 43443067

**Robot-Assisted Hip Surgery Is a Medical First**

Los Angeles Times, pA1

Nov 9, 1992

Language: English Record Type: Abstract

Document Type: Newspaper; General Trade

ABSTRACT:

...a precise cavity in the patient's bone into which a titanium pin holding the **ball** and **socket** joint can be fitted. The more precise drilling may eliminate the need to use cement...

29/3,K/14 (Item 14 from file: 149)

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

(c) 2005 The Gale Group. All rts. reserv.

01469683 SUPPLIER NUMBER: 15743833

Hip replacement "**benchmark**" is cemented femoral stem with cementless acetabular head, NIH consensus panel concludes; hip registries suggested. (National Institutes of Health)

Medical Devices, Diagnostics & Instrumentation (MDDI Reports) - The Gray Sheet, v20, n38, p6(2)

Sept 19,

1994

PUBLICATION FORMAT: Newsletter ISSN: 0163-2426 LANGUAGE: English

RECORD TYPE: Citation TARGET AUDIENCE: Professional; Trade

29/3,K/15 (Item 15 from file: 98)

DIALOG(R)File 98:General Sci Abs/Full-Text

(c) 2005 The HW Wilson Co. All rts. reserv.

03274174 H.W. WILSON RECORD NUMBER: BGSI96024174 (USE FORMAT 7 FOR FULLTEXT)

**Robodoc: a kinder, gentler surgeon's assistant.**

Stevens, Jane E

Technology Review (Technol Rev) v. 99 (May/June '96) p. 14+

SPECIAL FEATURES: il ISSN: 0040-1692

LANGUAGE: English

COUNTRY OF PUBLICATION: United States

WORD COUNT: 976

(USE FORMAT 7 FOR FULLTEXT)

TEXT:

... new ball-shaped implant. Then they hammer the implant into the hole and insert the **ball** into the hip **socket**.

The method is inexact. The thigh bone often cracks from the stress of hammering. The...

DESCRIPTORS:

Robots; **Hip** joints...

... **Surgery**

29/3,K/19 (Item 19 from file: 98)

DIALOG(R)File 98:General Sci Abs/Full-Text

(c) 2005 The HW Wilson Co. All rts. reserv.

04007334 H.W. WILSON RECORD NUMBER: BGSI99007334 (USE FORMAT 7 FOR FULLTEXT)

**A crooked child.**

AUGMENTED TITLE: orthopedic surgeon corrects developmental dysplasia of the

hip

Sussman, Sharron

Discover (Discover) v. 20 no3 (Mar. '99) p. 34+

SPECIAL FEATURES: il ISSN: 0274-7529

LANGUAGE: English

COUNTRY OF PUBLICATION: United States

WORD COUNT: 2352

(USE FORMAT 7 FOR FULLTEXT)

TEXT:

... much more deformed. Bone is dynamic; it remodels to meet mechanical demands, so the immature **socket** would have conformed to the displaced **ball**. Most likely, Gabrielle had been born with slightly loose ligaments in her hips. As she...

...the ball of the femur to start slipping out of place. No longer centered, the **ball** and **socket** would deform with growth. Eventually the **ball** could work its way completely out of the **socket**. This hip would most likely deteriorate, causing Gabrielle painful arthritis by the time she was...

...to normal, I told them, it was possible that a simple manipulation could relocate the **ball** in the **socket**. It might be necessary to cut the tight tendon at the inner thigh. But I...help of a fluoroscopic X-ray viewer, I flexed and rotated her thigh until the **ball** appeared well seated in the **socket**. With the joint in this position, I gently rocked the hip back and forth. It...

...abnormally formed. Its lower part was thick and tight, and the upper part, where the **ball** pressed against the **socket**, was baggy. I cut away the thickened tissue and tightened the baggy upper part. I...

...cut fabric to fit a curve. When I gently rotated Gaby's thigh inward, the **ball** fell into the **socket** with no resistance. An assistant held the thigh in position while I finished suturing. After...

DESCRIPTORS:

Hip joints...

... **Surgery** ; Joints (Anatomy

29/3,K/24 (Item 24 from file: 149)

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

(c) 2005 The Gale Group. All rts. reserv.

02079827 SUPPLIER NUMBER: 85118496 (USE FORMAT 7 OR 9 FOR FULL TEXT)

The view from the table; An up-close personal look at a new surgical technique.(Brief Article)

Lauer, Charles S.

Modern Healthcare, 32, 25

April 22,

2002

DOCUMENT TYPE: Brief Article PUBLICATION FORMAT: Magazine/Journal ISSN:

0160-7480 LANGUAGE: English RECORD TYPE: Fulltext TARGET AUDIENCE: Trade

WORD COUNT: 752 LINE COUNT: 00055

... cuts 12 to 18 inches long to replace damaged bone and cartilage with a metal **ball** -and- **socket** prosthetic. **Berger's technique is much less invasive: He makes two small holes in the...**

DESCRIPTORS: Hip joint...

... **Surgery** ; ...

... **Surgery** --

File 350:Derwent WPIX 1963-2005/UD,UM &UP=200555

(c) 2005 Thomson Derwent

File 347:JAPIO Nov 1976-2005/Apr(Updated 050801)

(c) 2005 JPO & JAPIO

Set	Items	Description
S1	14228	HIP OR HIPS
S2	338861	SURGERY OR SURGERIES OR SURGICAL? OR ARTHROPLASTY OR THA OR THR OR REPLACE? ? OR REPLACING OR REPLACEMENT? ?
S3	969372	INCIS???? OR CUT OR CUTS OR CUTTING
S4	4572383	SECTION??? OR ENTER??? OR ACCESS?? OR ACCESSING OR HOLE OR HOLES OR OPENING? ?
S5	3019348	SUPERIOR? OR ABOVE OR TOP OR OVER OR SUPRA OR SUPERJACENT
S6	387679	JOINT OR SOCKET OR ACETABULUM OR ACETABULAR
S7	282785	CAPSULE OR MEMBRANE OR CONNECTIVE OR SYNOVIAL OR FIBROUS
S8	72	CAPSULOTOMY
S9	6993	BALL(10N) SOCKET OR HEAD(10N) ACETABUL??
S10	268621	IC=A61B?
S11	1598	S1(S) S2
S12	218561	S3:S4(5N) S5
S13	1	S8(5N) S5 [not relevant]
S14	38	S11 AND S12
S15	26	(S6 OR S9) AND S14
S16	13	S10 AND S15
S17	13	S15 NOT S16
S18	12	S14 NOT S15
S19	2	S18 AND S10
S20	0	S19 NOT S19
S21	10	S18 NOT S19
S22	17	S1/TI AND S2/TI AND S12
S23	0	S22 NOT S14
S24	12678	IC=A61B-019?
S25	68	S1 AND S2 AND S24
S26	677382	(S3 OR S4 OR S8) (S) S5
S27	0	(S25 AND S26) NOT S14
S28	3	(S25 AND S26) NOT S14

16/26, TI/2 (Item 2 from file: 350)

DIALOG(R) File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

016157557

WPI Acc No: 2004-315444/200429

Minimally invasive, adjustable acetabular reamer for use in hip  
replacement surgery, has expansible and retractable arcuate segments  
distributed symmetrically about center point in reaming head

16/26, TI/4 (Item 4 from file: 350)

DIALOG(R) File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

015293947

WPI Acc No: 2003-354881/200333

Acetabular reamer for use in hip surgery, has a first set of  
cutting sites arrayed along the body, and a second set arrayed  
circumferentially along the rim edge

16/26, TI/5 (Item 5 from file: 350)

DIALOG(R) File 350:Derwent WPIX



(c) 2005 Thomson Derwent. All rts. reserv.  
013861922

WPI Acc No: 2001-346134/200137

Hip replacement joint comprises longitudinal post for implanting in femur, with attached head forming joint

16/26, TI/6 (Item 6 from file: 350)

DIALOG(R) File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.  
012755671

WPI Acc No: 1999-561788/199947

Surgical reamer used for surgically shaping a joint socket in preparation for receiving a joint prosthetic device in treatment of arthritis

16/26, TI/7 (Item 7 from file: 350)

DIALOG(R) File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.  
009581339

WPI Acc No: 1993-274885/199335

Positional control instrument for hip joint arthroplasty - comprises calibrated T-shaped beam with auxiliary beam trapping bone pins or screws, having central longitudinal passage for locating pin

16/26, TI/9 (Item 9 from file: 350)

DIALOG(R) File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.  
008093385

WPI Acc No: 1989-358497/198949

Fixing system for orthopaedics - uses screws with head having convex underside and conical top side, inserted by special tool

16/26, TI/10 (Item 10 from file: 350)

DIALOG(R) File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.  
008020971

WPI Acc No: 1989-286083/198940

Surgical instrument for cutting bone recesses - has radially adjustable blade mounted on axially sliding shaft in housing

16/26, TI/11 (Item 11 from file: 350)

DIALOG(R) File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.  
004236709

WPI Acc No: 1985-063587/198511

Appts. for hip arthroplasty - comprises femoral prosthesis with separate greater trochanter fixation stirrup and U-shaped bolt

16/3, K/3 (Item 3 from file: 350)

DIALOG(R) File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.  
015840413 \*\*Image available\*\*

WPI Acc No: 2003-902617/200382

Related WPI Acc No: 2001-640654; 2002-697736; 2003-090227; 2004-285334;  
2005-162328; 2005-541789

XRPX Acc No: N03-720919

Total hip arthroplasty method by making anterior incision starting over inter trochanteric ridge and extending obliquely, and making posterior incision aligned with femur and substantially colinear with anterior incision

Patent Assignee: ZIMMER TECHNOLOGY INC (ZIMM-N); MEARS D (MEAR-I); ACKER D M J (ACKE-I); KREBS R D (KREB-I); SHERMAN G S (SHER-I)

Inventor: ACKER D M J; KREBS R D; MEARS D; SHERMAN G S; SHERMAN S G

Number of Countries: 035 Number of Patents: 005

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 20030220698	A1	20031127	US 2000558044	A	20000426	200382 B
			US 200253931	A	20020122	
			US 2003357948	A	20030204	
CA 2456602	A1	20040804	CA 2456602	A	20040128	200457
EP 1459686	A2	20040922	EP 2004250522	A	20040130	200462
AU 2004200392	A1	20040819	AU 2004200392	A	20040203	200474
JP 2004358215	A	20041224	JP 200428295	A	20040204	200502

Priority Applications (No Type Date): US 2003357948 A 20030204; US 2000558044 A 20000426; US 200253931 A 20020122

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 20030220698	A1		61	A61F-002/32	CIP of application US 2000558044 CIP of application US 200253931
CA 2456602	A1	E		A61F-002/32	
EP 1459686	A2	E		A61B-017/00	
Designated States (Regional): AL AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HU IE IT LI LT LU LV MC MK NL PT RO SE SI SK TR					
AU 2004200392	A1			A61B-017/56	
JP 2004358215	A		42	A61F-002/32	

Abstract (Basic):

... The method involves making an anterior incision starting over an inter trochanteric ridge and extending obliquely, making a posterior incision (46) aligned with a femur and substantially colinear with the anterior incision, preparing an acetabulum to receive a prosthetic acetabular component through the anterior incision, and preparing the femur to receive a prosthetic femoral component.

... The method further involves seating the prosthetic acetabular and femoral components. INDEPENDENT CLAIMS are also included for the following...

...a) an acetabular cup inserter...

...b) a universal joint ;

(...

...For performing total hip arthroplasty .

...Provides method for performing minimally invasive total hip arthroplasty .

International Patent Class (Main): A61B-017/00 ...

... A61B-017/56

International Patent Class (Additional): A61B-017/15 ...

... A61B-017/16 ...

... A61B-017/17

16/3,K/8 (Item 8 from file: 350)

DIALOG(R) File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

008227278

WPI Acc No: 1990-114279/199015

XRPX Acc No: N90-088528

**Hip bone arthritis acetabular -roof plastic surgery - by making graft with musculus rectus moved to cover femur head**

Patent Assignee: LENGD TRAUMA ORTHOP (LETR-R)

Inventor: MASHKOV V M; TIKHONENKO E S

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
SU 1487891	A	19890623	SU 4261305	A	19870611	199015 B

Priority Applications (No Type Date): SU 4261305 A 19870611

...Abstract (Basic): is made with musculus rectus femoris. The supraacetabular region of the ilium body is isolated **supra**-periosteally. Two **sections** of the ilium are made, with the formation of a wedge...

International Patent Class (Additional): **A61B-017/56**

**16/3,K/13 (Item 13 from file: 350)**

DIALOG(R)File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

001713212

WPI Acc No: 1977-E9702Y/197724

**Femur congenital dislocation surgery - circular osteotomy around hip joint prevents recurrence and maintains femoral ring integrity**

Patent Assignee: KIRSANOV V I (KIRS-I)

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
SU 531531	A	19761027				197724 B

Priority Applications (No Type Date): SU 1730357 A 19711228

...Abstract (Basic): his back. The transverse cut along the edge of the iliac bone and of the **entero - superior** end of the muscles allows shift of the latter. The surface of the corresponding part...  
...The osteotomy is made with the aid of an electric drill and the bridges left **over** are **cut** with special osteotomes. The bone fragment is then shifted inwards in the femur and fixed...

International Patent Class (Additional): **A61B-017/00**

**17/26,TI/2 (Item 2 from file: 350)**

DIALOG(R)File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

016509848

WPI Acc No: 2004-668129/200465

**Prosthesis for use in performing joint arthroplasty, includes stem removably attached to articulated structure for inserting into humerus partially**

**17/26,TI/6 (Item 6 from file: 350)**

DIALOG(R)File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

015053191

WPI Acc No: 2003-113707/200311

**Fixing arrangement for cement free shaft of replacement hip joint , comprising fixing bolts and removable cap**

17/26, TI/7 (Item 7 from file: 350)  
DIALOG(R) File 350: Derwent WPIX  
(c) 2005 Thomson Derwent. All rts. reserv.  
013538943  
WPI Acc No: 2001-023149/200103  
Head-receiving cup for ball -and- socket joint implant, has mountable  
back surface having cement spacer members having elevated block and  
rectangular members having block top with grooves and angled side walls

17/26, TI/9 (Item 9 from file: 350)  
DIALOG(R) File 350: Derwent WPIX  
(c) 2005 Thomson Derwent. All rts. reserv.  
013066332  
WPI Acc No: 2000-238204/200021  
Hip joint prosthesis socket has cup section and cap connected by  
tongue and groove fastenings

1 17/26, TI/10 (Item 10 from file: 350)  
DIALOG(R) File 350: Derwent WPIX  
(c) 2005 Thomson Derwent. All rts. reserv.  
012614119  
WPI Acc No: 1999-420223/199936  
Replacement hip joint prosthesis as cup and ball implant

17/26, TI/11 (Item 11 from file: 350)  
DIALOG(R) File 350: Derwent WPIX  
(c) 2005 Thomson Derwent. All rts. reserv.  
007253744  
WPI Acc No: 1987-250751/198736  
Medullated bone endoprosthesis in three sections - with threaded, tubular  
middle section fitted to end pieces over threaded clamping sleeves  
enclosing circumferential stop wedges

17/26, TI/12 (Item 12 from file: 350)  
DIALOG(R) File 350: Derwent WPIX  
(c) 2005 Thomson Derwent. All rts. reserv.  
004315623  
WPI Acc No: 1985-142501/198524  
Endoprosthetic bone joint component - comprises two parts joined by  
projection and cavity, with plastics lining in space between

17/26, TI/13 (Item 13 from file: 350)  
DIALOG(R) File 350: Derwent WPIX  
(c) 2005 Thomson Derwent. All rts. reserv.  
001921279  
WPI Acc No: 1978-F0534A/197826  
Hip joint replacement prosthesis - has separate socket portion  
fixed to hip bone by screw at junction rebated into top of bone

17/3, K/1 (Item 1 from file: 350)  
DIALOG(R) File 350: Derwent WPIX  
(c) 2005 Thomson Derwent. All rts. reserv.  
016990397 \*\*Image available\*\*  
WPI Acc No: 2005-314714/200532

XRPX Acc No: N05-257320

**Two-incision surgical method for minimally invasive total hip arthroplasty , involves inserting artificial femoral head and closing joint capsule, subcutaneous tissue and skin after making secondary skin incision**

Patent Assignee: YOON T (YOON-I)

Inventor: YOON T

Number of Countries: 107 Number of Patents: 002

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 20050096748	A1	20050505	US 2003700008	A	20031103	200532 B
WO 200541822	A2	20050512	WO 2004KR1504	A	20040622	200532

Priority Applications (No Type Date): US 2003700008 A 20031103

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
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US 20050096748	A1		10	A61F-002/32	
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WO 200541822	A2	E		A61F-002/32	
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Designated States (National): AE AG AL AM AT AU AZ BA BB BG BR BW BY BZ  
CA CH CN CO CR CU CZ DE DK DM DZ EC EE EG ES FI GB GD GE GH GM HR HU ID  
IL IN IS JP KE KG KP KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NA  
NI NO NZ OM PG PH PL PT RO RU SC SD SE SG SK SL SY TJ TM TN TR TT TZ UA  
UG US UZ VC VN YU ZA ZM ZW

Designated States (Regional): AT BE BG BW CH CY CZ DE DK EA EE ES FI FR  
GB GH GM GR HU IE IT KE LS LU MC MW MZ NA NL OA PL PT RO SD SE SI SK SL  
SZ TR TZ UG ZM ZW

Abstract (Basic):

... An artificial femoral head is inserted and a joint capsule, subcutaneous tissue and skin are closed after making a secondary skin incision over Gluteus maximus muscle ranging from 1 to 6 centimeter, dissection through muscle fiber of Gluteus maximus, intermuscular dissection between Gluteus medius and Piriformis, incision of joint capsule, femoral reaming and femoral stem insertion.

... For minimally invasive total hip arthroplasty .

... Minimizes injury to important muscles surrounding the hip joint and enables preservation of joint capsule. Minimizes injury to patient while allowing earlier rehabilitation for patient with minimal pain. Obtains easy surgical technique, less bleeding, less pain and earlier rehabilitation for patients

17/3,K/8 (Item 8 from file: 350)

DIALOG(R)File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

013074497 \*\*Image available\*\*

WPI Acc No: 2000-246369/200021

XRPX Acc No: N00-184262

**Hip prosthesis for minimally invasive joint replacement technique has fastening assembly for mounting to hip bone and anchor for mounting to top end of femur**

Patent Assignee: EMERGOMED LTD (EMER-N); NOVARTICULATE BV (NOVA-N);

NOVARTICULATE HOLDINGS LTD (NOVA-N); DAVIES C R (DAVI-I)

Inventor: KRIEK H R; SPIERINGS P T J; VERDONSCHOT N J J; KRIEK H; SANDERS A J; VAN LEERDAM N G A; VERDONSCHOT N

Number of Countries: 089 Number of Patents: 007

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
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WO 200009038	A2	20000224	WO 99GB2628	A	19990810	200021	B
NL 1009832	C2	20000211	NL 981009832	A	19980810	200023	
AU 9952960	A	20000306	AU 9952960	A	19990810	200030	
EP 1104270	A2	20010606	EP 99938452	A	19990810	200133	
			WO 99GB2628	A	19990810		
KR 2001087178	A	20010915	KR 2001701757	A	20010209	200219	
JP 2002522153	W	20020723	WO 99GB2628	A	19990810	200263	
			JP 2000564543	A	19990810		
AU 771147	B2	20040318	AU 9952960	A	19990810	200454	

Priority Applications (No Type Date): NL 981009832 A 19980810

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing	Notes
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WO 200009038	A2	E	32	A61F-000/00		
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Designated States (National): AE AL AM AT AU AZ BA BB BG BR BY CA CH CN  
CR CU CZ DE DK DM EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP  
KR KZ LC LK LR LS LT LU LV MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG  
SI SK SL TJ TM TR TT UA UG US UZ VN YU ZA ZW

Designated States (Regional): AT BE CH CY DE DK EA ES FI FR GB GH GM GR  
IE IT KE LS LU MC MW NL OA PT SD SE SL SZ UG ZW

NL 1009832	C2		A61F-002/32			
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AU 9952960	A		A61F-000/00	Based on patent	WO 200009038	
------------	---	--	-------------	-----------------	--------------	--

EP 1104270	A2	E	A61F-002/36	Based on patent	WO 200009038	
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Designated States (Regional): AL AT BE CH CY DE DK ES FI FR GB GR IE IT  
LI LT LU LV MC MK NL PT RO SE SI

KR 2001087178	A		A61F-002/36			
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JP 2002522153	W	38	A61F-002/46	Based on patent	WO 200009038	
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AU 771147	B2		A61F-002/30	Previous Publ. patent	AU 9952960	
-----------	----	--	-------------	-----------------------	------------	--

Based on patent WO 200009038

Abstract (Basic):

... The **hip** prosthesis includes a anchor for a **joint** prosthesis  
(4) that tapers in a direction away from the **joint** prosthesis but may  
be mounted in a bore through an inlet opening distal from the **joint**  
to be **replaced** . The anchor may comprise a tapering pin which is  
cemented in place. Alternatively, the anchor...

... As **hip joint replacement** .

...  
...Reduces trauma to tissue surrounding the **joint** .

...  
...The drawing shows a **sectional** view of the **top** of a femur in which  
the anchor has been fitted

19/26,TI/2 (Item 2 from file: 350)

DIALOG(R) File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

008883333

WPI Acc No: 1992-010602/199202

Replacement **hip prosthesis stem** - has enlarged neck portions at top  
end and proximal region, provided with coupling cones

21/26,TI/5 (Item 5 from file: 350)

DIALOG(R) File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

012796344

WPI Acc No: 1999-602574/199952

**Cement free implantable hip endoprosthesis**

21/26, TI/8 (Item 8 from file: 350)  
DIALOG(R) File 350: Derwent WPIX  
(c) 2005 Thomson Derwent. All rts. reserv.  
008879884  
WPI Acc No: 1992-007155/199201  
Hip prosthesis - includes anchoring shaft, head and flange with anchoring  
shaft having smoothly-curved shape with rear concavity

28/26, TI/1 (Item 1 from file: 350)  
DIALOG(R) File 350: Derwent WPIX  
(c) 2005 Thomson Derwent. All rts. reserv.  
010803396  
WPI Acc No: 1996-300349/199630  
Device for relieving synovial fluid pressure in body joint surrounded by  
capsule - has valve housing with passage between interior and exterior,  
and valve member in passage of valve housing permitting drainage when  
predetermined pressure is reached

File 350:Derwent WPIX 1963-2005/UD,UM &UP=200554

(c) 2005 Thomson Derwent

File 349:PCT FULLTEXT 1979-2005/UB=20050825,UT=20050818

(c) 2005 WIPO/Univentio

File 348:EUROPEAN PATENTS 1978-2005/Aug W02

(c) 2005 European Patent Office

Set Items Description

S1 60 AU='MURPHY S' OR AU='MURPHY S B'

S2 19 AU='MURPHY STEPHEN' OR AU='MURPHY STEPHEN B' OR AU='MURPHY  
STEPHEN BERNARD'

S3 27965 HIP OR HIPS OR ARTHROPLASTY

S4 7 S1:S2 AND S3

S5 7 IDPAT (sorted in duplicate/non-duplicate order)

5/TI/1 (Item 1 from file: 350)

DIALOG(R)File 350:(c) 2005 Thomson Derwent. All rts. reserv.

Total hip arthroplasty component selection method involves selecting  
femoral head and neck components to satisfy defined parametric  
constraints, using data from surgical navigation system

5/TI/5 (Item 5 from file: 350)

DIALOG(R)File 350:(c) 2005 Thomson Derwent. All rts. reserv.

Acetabular shell impactor for use in field of hip arthroplasty, has  
remote actuator which releases connection between acetabular shell and  
impactor body, and is manipulated distant two ends of impactor body

5/TI/6 (Item 6 from file: 350)

DIALOG(R)File 350:(c) 2005 Thomson Derwent. All rts. reserv.

Modular hip prosthesis - allows two portions to be secured together  
with selectable discrete relative angular orientation, with spline  
secured to one portion having projections which engage groove in cavity  
of other portion

5/TI/7 (Item 7 from file: 349)

DIALOG(R)File 349:(c) 2005 WIPO/Univentio. All rts. reserv.

COMPUTER-ASSISTED LIGAMENT BALANCING IN TOTAL KNEE ARTHROPLASTY

5/3,AB,IC/2 (Item 2 from file: 348)

DIALOG(R)File 348:EUROPEAN PATENTS

(c) 2005 European Patent Office. All rts. reserv.

01863819

VIRTUAL TRIAL REDUCTION SYSTEM FOR HIP ARTHROPLASTY AND COORDINATE  
SYSTEMS THEREFOR

SYSTEME DE REDUCTION D'ESSAI VIRTUEL POUR L'ARTHROPLASTIE TOTALE DE LA  
HANCHE ET SYSTEMES COORDONNES ASSOCIES

PATENT ASSIGNEE:

Murphy, Stephen B., (5102450), 16 Cedar Road, Chestnut Hill, MA 02137,  
(US), (Applicant designated States: all)

INVENTOR:

Murphy, Stephen B., 16 Cedar Road, Chestnut Hill, MA 02137, (US

PATENT (CC, No, Kind, Date):

WO 2005000140 050106

APPLICATION (CC, No, Date): EP 2004776221 040601; WO 2004US17265 040601

PRIORITY (CC, No, Date): US 475029 P 030602

DESIGNATED STATES: AT; BE; BG; CH; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR;



HU; IE; IT; LI; LU; MC; NL; PL; PT; RO; SE; SI; SK; TR  
EXTENDED DESIGNATED STATES: AL; HR; LT; LV; MK  
INTERNATIONAL PATENT CLASS: A61B-019/00; A61F-002/46; A61B-017/16  
LANGUAGE (Publication,Procedural,Application): English; English; English

5/3,AB,IC/3 (Item 3 from file: 349)  
DIALOG(R)File 349:PCT FULLTEXT  
(c) 2005 WIPO/Univentio. All rts. reserv.  
01195026  
VIRTUAL TRIAL REDUCTION SYSTEM FOR HIP ARTHROPLASTY AND COORDINATE  
SYSTEMS THEREFOR  
SYSTEME DE REDUCTION D'ESSAI VIRTUEL POUR L'ARTHROPLASTIE TOTALE DE LA  
HANCHE ET SYSTEMES COORDONNES ASSOCIES  
Patent Applicant/Inventor:  
MURPHY Stephen B , 16 Cedar Road, Chestnut Hill, MA 02137, US, US  
(Residence), US (Nationality)  
Legal Representative:  
O'DONNELL Martin J (et al) (agent), Cesari and McKenna, LLP, 88 Black  
Falcon Avenue - Suite 271, Boston, MA 02210, US,  
Patent and Priority Information (Country, Number, Date):  
Patent: WO 200500140 A2 20050106 (WO 0500140)  
Application: WO 2004US17265 20040601 (PCT/WO US04017265)  
Priority Application: US 2003475029 20030602  
Designated States:  
(All protection types applied unless otherwise stated - for applications  
2004+)  
AE AG AL AM AT AU AZ BA BB BG BR BW BY BZ CA CH CN CO CR CU CZ DE DK DM  
DZ EC EE EG ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC  
LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NA NI NO NZ OM PG PH PL PT RO  
RU SC SD SE SG SK SL SY TJ TM TN TR TT TZ UA UG US UZ VC VN YU ZA ZM ZW  
(EP) AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HU IE IT LU MC NL PL PT RO  
SE SI SK TR  
(OA) BF BJ CF CG CI CM GA GN GQ GW ML MR NE SN TD TG  
(AP) BW GH GM KE LS MW MZ NA SD SL SZ TZ UG ZM ZW  
(EA) AM AZ BY KG KZ MD RU TJ TM  
Main International Patent Class: A61B-019/00  
International Patent Class: A61F-002/46; A61B-017/16  
Publication Language: English  
Filing Language: English  
Fulltext Word Count: 5262  
English Abstract

5/3,AB,IC/4 (Item 4 from file: 350)  
DIALOG(R)File 350:Derwent WPIX  
(c) 2005 Thomson Derwent. All rts. reserv.  
016970887  
WPI Acc No: 2005-295200/200530  
XRPX Acc No: N05-242413  
Total hip arthroplasty , involves making superiorly positioned  
incision, preparing femoral canal of patient's natural femur by  
performing vertical capsulotomy on hip joint and placing retractors in  
joint on femoral neck sides  
Patent Assignee: MURPHY S B (MURP-I)  
Inventor: MURPHY S B

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 20050081867	A1	20050421	US 2003691800	A	20031021	200530 B

Priority Applications (No Type Date): US 2003691800 A 20031021

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 20050081867	A1		16	A61B-019/00	

Abstract (Basic): US 20050081867 A1

Abstract (Basic):

NOVELTY - The **arthroplasty** involves making a superiorly positioned incision, and preparing a femoral canal of a patient's natural femur by performing a vertical capsulotomy on a **hip** joint. Retractors are placed inside the joint on both sides of a femoral neck (60). A femoral implant is received via the incision while the patient's natural femoral head (56) is within the patient's natural acetabulum.

USE - Total **hip arthroplasty** .

ADVANTAGE - The femoral canal is prepared without the need to dissect or transect the patient's abductors, and the superior incision is made without dissecting the posterior **hip** capsule, and the gluteus medius or minimus thus providing minimized aggravation of soft tissue during **arthroplasty** , and hence preserving the tissue and providing better healing.

DESCRIPTION OF DRAWING(S) - The drawing shows a detailed view of an incision area for a minimally invasive surgical **hip** procedure.

Greater trochanter (22)

Gluteus medius (28)

Femoral head (56)

Femoral neck (60)

Piriformis (80)

**Hip** joint capsule (85)

pp; 16 DwgNo 4B/12

International Patent Class (Main): A61B-019/00

File 155:MEDLINE(R) 1951-2005/Aug W3  
(c) format only 2005 Dialog  
File 5:Biosis Previews(R) 1969-2005/Aug W3  
(c) 2005 BIOSIS  
File 73:EMBASE 1974-2005/Aug 26  
(c) 2005 Elsevier Science B.V.  
File 34:SciSearch(R) Cited Ref Sci 1990-2005/Aug W3  
(c) 2005 Inst for Sci Info  
File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec  
(c) 1998 Inst for Sci Info

Set	Items	Description
S1	309	AU='MURPHY S B'
S2	149	AU='MURPHY S.B.'
S3	225	AU='MURPHY SB'
S4	27	AU='MURPHY STEPHEN' OR AU='MURPHY STEPHEN B'
S5	232435	HIP OR HIPS OR ARTHROPLASTY
S6	48	S1:S4 AND S5
S7	26	RD (unique items)
S8	23	S5/TI,DE AND S7
S9	26	Sort S7/ALL/PY,A

9/6/1 (Item 1 from file: 155)  
06904050 PMID: 6699062 Record Identifier: 84135911  
Adaptive changes in the femur after implantation of an Austin Moore  
prosthesis.  
Mar 1984

9/6/2 (Item 2 from file: 434)  
07605568 Genuine Article#: E5309 Number of References: 33  
Title: COMPUTER-AIDED SIMULATION, ANALYSIS, AND DESIGN IN  
ORTHOPEDIC-SURGERY

9/6/3 (Item 3 from file: 73)  
03556016 EMBASE No: 1988005452  
Femoral anteversion  
1987

9/6/4 (Item 4 from file: 155)  
08286671 PMID: 3289730  
The planning of orthopaedic reconstructive surgery using computer-aided  
simulation and design.  
Jan-Feb 1988

9/6/5 (Item 5 from file: 155)  
09175104 PMID: 2245547  
Acetabular dysplasia in the adolescent and young adult.  
Dec 1990

9/6/6 (Item 6 from file: 73)  
05077175 EMBASE No: 1992217391  
The use of computers in orthopaedic reconstructive surgery  
1992

9/6/7 (Item 7 from file: 155)  
09778597 PMID: 1588059  
Osteotomies of the hip in the prevention and treatment of

osteoarthritis.  
1992

9/6/8 (Item 8 from file: 155)  
09620983 PMID: 1729000  
Use of computed tomographic reconstruction in planning osteotomies of the  
hip .  
Jan 1992

9/6/10 (Item 10 from file: 155)  
11032831 PMID: 7608241  
The prognosis in untreated dysplasia of the hip . A study of  
radiographic factors that predict the outcome.  
Jul 1995

9/6/11 (Item 11 from file: 155)  
11382920 PMID: 8727740  
Osteotomies about the, hip for the prevention and treatment of  
osteoarthrosis.  
1996

9/6/12 (Item 12 from file: 5)  
0013487859 BIOSIS NO.: 200200081370  
Modular hip prosthesis with discrete selectable angular orientation  
1997

9/6/13 (Item 13 from file: 155)  
11945935 PMID: 9227398  
Iliopectineal bursitis.  
Jun 1997

9/6/14 (Item 14 from file: 155)  
11923747 PMID: 9203153  
Comparison of predicted and measured contact pressures in normal and  
dysplastic hips .  
Mar 1997

9/6/17 (Item 17 from file: 34)  
07763061 Genuine Article#: 205MZ Number of References: 10  
Title: Surgical correction of acetabular dysplasia in the adult (ABSTRACT  
AVAILABLE)  
Publication date: 19990600

9/6/18 (Item 18 from file: 155)  
13450705 PMID: 10416402  
Planning acetabular redirection osteotomies based on joint contact  
pressures.  
Jul 1999

9/6/20 (Item 20 from file: 155)  
13417196 PMID: 10379303  
Surgical correction of acetabular dysplasia in the adult. A Boston  
experience.  
Jun 1999

9/6/21 (Item 21 from file: 155)

14514178 PMID: 12461370

Periacetabular osteotomy: preoperative radiographic predictors of outcome.

Dec 2002

9/6/22 (Item 22 from file: 155)

14409142 PMID: 12269415

Ceramic-ceramic bearings in THA: the new gold standard--in the affirmative.

Sep 2002

9/6/24 (Item 24 from file: 155)

16544994 PMID: 15577484

Debridement of the adult hip for femoroacetabular impingement: indications and preliminary clinical results.

Dec 2004

9/6/25 (Item 25 from file: 155)

15375917 PMID: 15190565

Revision total hip arthroplasty with proximal bone loss.

Jun 2004

9/6/26 (Item 26 from file: 155)

18262965 PMID: 15991139

Management of acetabular bone stock deficiency.

Jun 2005

9/9/16 (Item 16 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

(c) format only 2005 Dialog. All rts. reserv.

12556789 PMID: 9871923

[The Boston concept. peri-acetabular osteotomy with simultaneous arthrotomy via direct anterior approach]

Das Bostoner Konzept. Die periazetabulare Osteotomie mit simultaner Arthrotomie über den direkten vorderen Zugang.

Millis M B; Murphy S B

Department of Orthopaedic Surgery, Harvard Medical School, Boston, Massachusetts 02115, USA.

Der Orthopäde (GERMANY) Nov 1998, 27 (11) p751-8, ISSN 0085-4530

Journal Code: 0331266

Publishing Model Print

Document type: Journal Article ; English Abstract

Languages: GERMAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

To this point, we have only a relatively short term followup in 32 patients with known labral lesions who have been treated by combined periacetabular osteotomy (PAO) and debridement of the damaged anterior labrum. A positive clinical history in association with pain demonstrated with the impingement test of flexion-adduction-internal rotation nearly always indicates macroscopic pathology within the anterior portion of the hip joint. Labral lesions associated with acetabular dysplasia seem more common with increasing age. Labral lesions seem to correlate with arthrosis. We suspect that uncorrected impinging lesions of the anterior rim have led to some of our early clinical failures after PAO. We feel that

intra-articular treatment of certain impinging lesions may improve the clinical outcome in these patients. Correction of the pathological mechanics in the mature, dysplastic hip certainly requires restoration of stability by reorienting osteotomy. If intra-articular derangements of the anterior rim are also present, though, intra-articular surgery may also be necessary to optimize the outcome. Our early results suggest that the earlier and more complete the correction of the disordered mechanics in the dysplastic hip, the more complete and long-lasting will be both relief of clinical symptoms and preservation of a joint free from arthrosis. Anterior arthrotomy to explore the anterior rim, carried out at the time of PAO, employing the direct anterior abductor-sparing approach (DAA), seems a safe and useful adjunct in treating the mature, dysplastic hip. Much longer clinical followup and larger treatment groups will be necessary to allow firm conclusions concerning optimal treatment programs for different patient subgroups of the adult hip dysplasia syndrome.

Descriptors: \*Acetabulum--surgery--SU; \* Hip Dislocation, Congenital--surgery--SU; \*Osteotomy--methods--MT; Adult; Arthrography; Hip Dislocation, Congenital--radiography--RA; Humans; Osteoarthritis--radiography--RA; Osteoarthritis--surgery--SU

Record Date Created: 19990128

Record Date Completed: 19990128

9/9/19 (Item 19 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2005 Dialog. All rts. reserv.

13450700 PMID: 10416397

**Periacetabular osteotomy without abductor dissection using direct anterior exposure.**

Murphy S B ; Millis M B

Boston Orthopedic Group, Brookline, MA 02446, USA.

Clinical orthopaedics and related research (UNITED STATES) Jul 1999,

(364) p92-8, ISSN 0009-921X Journal Code: 0075674

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

The direct anterior exposure is a new abductor sparing surgical approach to perform periacetabular osteotomy, developed in an effort to eliminate the postoperative abductor morbidity associated with the classic Smith-Petersen approach. The direct anterior exposure also allows anterior arthrotomy of the hip joint, necessary to deal with intraarticular disease of the acetabular rim that is common in adult patients who require periacetabular osteotomy. The direct anterior exposure combines the medial portion of the classic Smith-Petersen iliofemoral exposure with or without the second window of the ilioinguinal exposure. An osteotomy of the anterior superior spine is done routinely to facilitate the approach by relaxing the attached sartorius and inguinal ligament origins. The authors' experience with the direct anterior exposure involves 195 consecutive periacetabular osteotomies done since 1992, with 60 operations done using the full approach through two windows and 135 operations done using the limited approach through one window. There was no difference in functional or radiographic results, with both approaches allowing rapid functional recovery, excellent radiographic corrections, rapid bony healing, and minimal formation of heterotopic bone. No osteonecrosis or vascular

injuries were seen. In nearly all patients, abductor function had returned to preoperative levels by 3 months after surgery, in distinct contrast to the authors' previous experience with the Smith-Petersen approach. The authors consider the direct anterior exposure to be the surgical approach of choice for periacetabular osteotomy, with the more limited version proving satisfactory in all patients except the largest and most muscular patients. The full version is useful in large male patients.

Tags: Female; Male

Descriptors: \*Acetabulum--surgery--SU; \*Bone Diseases, Developmental --surgery--SU; \*Osteoarthritis, Hip --surgery--SU; \*Osteotomy--methods--MT ; Adult; Bone Diseases, Developmental--physiopathology--PP; Bone Diseases, Developmental--radiography--RA; Dissection; Follow-Up Studies; Humans; Osteoarthritis, Hip --physiopathology--PP; Osteoarthritis, Hip --radiography--RA; Osteotomy--instrumentation--IS; Treatment Outcome

Record Date Created: 19990805

Record Date Completed: 19990805

9/9/23 (Item 23 from file: 73)

DIALOG(R)File 73:EMBASE

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12745047 EMBASE No: 2004342911

**Technique of tissue-preserving, minimally-invasive total hip arthroplasty using a superior capsulotomy**

**Murphy S.B.**

Dr. S.B. Murphy, Ctr. Comp. Assisted/Reconstr. Surg., New England Baptist Hospital, Tufts University School of Medicine, 125 Parker Hill Avenue, Boston, MA 02120 United States

Operative Techniques in Orthopaedics ( OPER. TECH. ORTHOP. ) (United States). 2004, 14/2 (94-101)

CODEN: OTOPA ISSN: 1048-6666

PUBLISHER ITEM IDENTIFIER: S1048666604000229

DOCUMENT TYPE: Journal ; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 24

Preservation of the tissues surrounding the hip may improve hip joint stability and facilitate recovery. A new technique for performing total hip arthroplasty with a superior capsulotomy allows for maximal preservation of the hip joint capsule and surrounding muscles. Using this technique, the gluteus medius and minimus are reflected anteriorly and the piriformis is reflected posteriorly. The short external rotators and posterior capsule are left intact. In most cases, the femur is instrumented with straight instruments before the femoral head is excised. This provides additional strength and stability to the femur during preparation. The femoral head is excised, rather than dislocated, to minimize disruption of surrounding tissues. The acetabulum is prepared and the acetabular component is inserted with angled instruments. This allows the femur to remain in physiologic positions throughout the procedure. Experience with this procedure demonstrates that, while technically demanding, the patients return to a normal gait more rapidly, with unrestricted motion and weight bearing postoperatively. The procedure offers the opportunity to facilitate recovery while potentially decreasing both short- and long-term surgical complication rates compared with conventional total hip arthroplasty techniques. (c) 2004 Elsevier Inc. All rights reserved.

MEDICAL DESCRIPTORS:

\*minimally invasive surgery; \*total hip prosthesis; \*joint capsulotomy surgical technique; tissue preservation; joint stability; convalescence;

joint capsule; surgical instrument; femur head; excision; hip dislocation  
; acetabulum; gait; patient mobility; weight bearing; postoperative period;  
postoperative complication; human; article; priority journal

SECTION HEADINGS:

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